2009

ATX1

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
09 JAN 16 PM 3:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700141765187
01/22/09--01018--008 **150.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # P06000157690

1. Entity Name
KUMO JAPANESE RESTAURANT INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
207 AMBERSWEET WAY			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: DAVENPORT, FL		City & State	
Zip: 33897	Country	Zip	Country

4. FEI Number: 20-8131669 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: MEI LIAN CHEN

Street Address (P.O. Box Number is Not Acceptable): 207 Ambersweet WAY

City: DAVENPORT FL Zip Code: 33897

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________________

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MEI LIAN CHEN 207 AMBERSWEET WAY DAVENPORT FL 33897	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 1/12/09

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #