cc 3/9/09
ATX1

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P07000022839

1. Entity Name

FUJI SUSHI & TEPPANYAKI INC

FILED
09 MAR 10 PM 12:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
~~1007 VIA COMO PL~~ 3899 LAKE MARY BLVD.	1007 VIA COMO PLACE
Suite, Apt. #, etc. 117	Suite, Apt. #, etc.
City & State LAKE MARY, FL	City & State LAKE MARY, FL
Zip 32746 Country U.S.A.	Zip 32746 Country U.S.A.

4. FEI Number 20-8634985 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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	P	TITLE	
NAME	BHUIYAN, MD MONIRUL	NAME	
STREET ADDRESS	10315 KRISTEN PARK DR	STREET ADDRESS	900145689939
CITY-ST-ZIP	ORLANDO, FL 32832	CITY-ST-ZIP	03/13/09--01005--005 **150.00
TITLE	VP	TITLE	
NAME	BHUIYAH, TULU	NAME	
STREET ADDRESS	6609 FAIRWAY COVE DR	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32835	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	DO NOT WRITE
CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: _____ 02-26-09 407-326-1616

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