

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000050645

1. Entity Name
MIDO RESTAURANT, INC.

Principal Place of Business
2430 N UNIVERSITY DR
SUNRISE FL 33322

Mailing Address
2430 N UNIVERSITY DR
SUNRISE FL 33322

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 65-0428496 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEE, HYE Y
2430 N UNIVERSITY DR
SUNRISE FL 33322

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.

SIGNATURE *[Signature]* DATE Dec 6 / 01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME LEE, HYE YOUNG
STREET ADDRESS 2430 N UNIVERSITY DR
CITY-ST-ZIP SUNRISE FL

TITLE
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CITY-ST-ZIP
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13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE Dec 6 / 01 954 742-9197

FILED

01 DEC 11 PM 4: 35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

0067045 AV

CR2E034 (5/01)

**MIDO RESTAURANT, INC
2430 N. UNIVERSITY DRIVE
SUNRISE, FLORIDA 33322**

December 3, 2001

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

To Whom It May Concern:

As per our telephone conversation earlier today, I am enclosing a check in the amount of \$150.00 for the Uniform Business Report. As I explained during our telephone conversation, I never received the original form to file. It may have been stolen along with the rest of my mail. I just received this form and am filing it promptly. I now know that this is forthcoming and if I do not receive the annual report, I will call for it.

I would greatly appreciate if the proposed penalty could be waived this one time only.

This statement is being made under oath under the penalties of perjury.

Sincerely,

Hye Young Lee
Mido Restaurant, Inc.