## ~2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

## Apr 10, 2001 8:00 am Secretary of State DOCUMENT # **P94000059823**<sup>5</sup> A TASTE OF TOKYO, INC. 04-10-2001 90038 029 \*\*\*150.00 Principal Place of Business Mailing Address ATASTE OF TOKYO INC ATASTE OF TOKYO 3428 SR 584 3428 S.R. 584 D0033522 PALM HARBOR FL 34684 PALM HARBOR FL 34684 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3261003 Not Applicable Ζip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent® 6. Name and Address of Current Registered Agent Thomas O. Michaels, Esq GOTTLIEB & GOTTLIEB, P.A. Street Address (P.O. Box Number is Not Acceptable) 2475 ENTERPRISE ROAD <u>1370 Pinehurst Rd.</u> SUITE 100 **CLEARWATER FL 34623** Zip Code City Dunedin 34698 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. ombs O. MICHOELS SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10, Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (10/00) 🗆 Delete TITLE P, S, T TITLE CROWTHER, YUMIKO CROWTHER, YUMIKO NAME NAME STREET ADDRESS STREET ADDRESS 3505 TARPON WOODS BLVD., N410 3505 TARPON WOODS BLVD., N410 CITY-ST-ZIP CITY-ST-ZIP PALM HARBOR FL 34684 PALM HARBOR, FL 34684 TITLE Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP -⊞'Change -- ⊡'Additiōn\* TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

Yumiko Crowther,