

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000043569

1. Entity Name

SAKANA JAPANESE RESTAURANT, INC.

Principal Place of Business

Mailing Address

16325 NW 20 STREET
PEMBROKE PINES, FL 33028

16325 NW 20 STREET
PEMBROKE PINES, FL 33028

2. Principal Place of Business

3. Mailing Address

3940 N 46TH AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

HOLLYWOOD, FL

4. FEI Number

65-0666326

Applied For

Not Applicable

Zip

Country

Zip

Country

33021

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

C0068703

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JUANA YU YUNG
16325 NW 20 STREET
PEMBROKE PINES, FL 33028

Name

Street Address (P.O. Box Number is Not Acceptable)
3940 N 46TH AVENUE

City

HOLLYWOOD

FL

Zip Code
33021

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
JUANA YU YUNG
16325 NW 20 STREET
PEMBROKE PINES, FL 33028 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
KWAN JOR TSOI
16325 NW 20 STREET
PEMBROKE PINES, FL 33028 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
ANDY J CHIU
16325 NW 20 STREET
PEMBROKE PINES, FL 33028 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/2001 (954) 894-3611

CR2E034 (11/00)