

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000044146

1. Entity Name

SUSHI MASA JAPANESE RESTAURANT, INC.

Principal Place of Business

20329 MONTEVERDI CIRCLE
BOCA RATON FL 33498

Mailing Address

20329 MONTEVERDI CIRCLE
BOCA RATON FL 33498-6784

2. Principal Place of Business

2200 W. Glades Rd.
Suite, Apt. #, etc. #1201

3. Mailing Address

2200 W. Glades Rd.
Suite, Apt. #, etc. #1201

City & State

Boca Raton FL

City & State

Boca Raton FL

Zip

33431

Country

Zip

33431

Country

6. Name and Address of Current Registered Agent

FUNAHASHI, MASAYUKI
20329 MONTEVERDI CIRCLE
BOCA RATON FL 33498

7. Name and Address of New Registered Agent

Name PHANITDASACK, LO
Street Address (P.O. Box Number is Not Acceptable) 2200 W. Glades Rd #1201
City Boca Raton FL Zip Code 33431

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, 2000 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

TITLE D
NAME FUNAHASHI, MASAYUKI
STREET ADDRESS 20329 MONTEVERDI CIRCLE
CITY-ST-ZIP BOCA RATON FL 33498 ☒ Delete

TITLE DVP
NAME PHANITDASACK, LO
STREET ADDRESS 7134 SW 111 PL
CITY-ST-ZIP MIAMI FL 33173 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 2200 W. Glades Rd #1201
CITY-ST-ZIP Boca Raton FL 33431 ☒ Change ☐ Addition

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

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/00 561 347 0008
Date Daytime Phone #

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90037 030 ***150.00

905621



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0753213

Applied For
Not Applicable

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