

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90263 048 ***150.00

DOCUMENT # P97000082642

1. Entity Name

JAPANESE CAFE TOKYO, INC.



Principal Place of Business

**8370 MILLS DRIVE
MIAMI FL 33183**

Mailing Address

**13323 SW 144 TERRACE
MIAMI FL 33186**

30004334



2. Principal Place of Business

3. Mailing Address

8370 Mills Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami, FL 33183

4. FEI Number

65-0787325

Applied For

Not Applicable

Zip

Country

Zip

Country

33183

USA

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

NOBUKO, OKAMOTO

**13323 SW 144 TERRACE
MIAMI FL 33186**

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 reinstalling)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **DP**
STREET ADDRESS **OKAMOTO, NOBUKO**
CITY-ST-ZIP **11870 SW 102 STREET
MIAMI FL 33186**

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **13323 S.W. 144 Terrace**
CITY-ST-ZIP **Miami, FL 33186**

TITLE ☐ Delete
NAME **DST**
STREET ADDRESS **OKAMOTO, JUNJI**
CITY-ST-ZIP **11870 SW 102 STREET
MIAMI FL 33186**

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **13323 S.W. 144 Terrace**
CITY-ST-ZIP **Miami, FL 33186**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NOBUKO OKAMOTO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/11/03

CR2E034 (10/02)