

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000099699

1. Entity Name

THE ROCK SUSHI CAFE, INC.

Principal Place of Business

1131 WASHINGTON AVE
MIAMI BEACH FL 33139

Mailing Address

1131 WASHINGTON AVE
MIAMI BEACH FL 33139

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 65-0804866

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RUSSMETES, SANGKUM
1131 WASHINGTON AVE
MIAMI BCH FL 33139

7. Name and Address of New Registered Agent

Name YONGYUTH NETHONGKOME

Street Address (P.O. Box Number is Not Acceptable)

1260 N.E. 97TH ST.

City MIAMI SHORES

FL

Zip Code 33138

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

| | | |
|----------------|---------------------------|--|
| TITLE | D | Delete <input checked="" type="checkbox"/> |
| NAME | RUSSMETES, SANGKUM | |
| STREET ADDRESS | 947 WASHINGTON AVENUE | |
| CITY-ST-ZIP | MIAMI BEACH FL 33139 | |
| TITLE | D | Delete <input checked="" type="checkbox"/> |
| NAME | KNATTONGCOME, SIRIPHAN | |
| STREET ADDRESS | 1524 79TH STREET CAUSEWAY | |
| CITY-ST-ZIP | MIAMI FL 33141 | |
| TITLE | | Delete <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | Delete <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | Delete <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | | |
|----------------|--|---------------------------------|--|
| TITLE | P D | Change <input type="checkbox"/> | Addition <input checked="" type="checkbox"/> |
| NAME | YONGYUTH NETHONGKOME | | |
| STREET ADDRESS | 1260 N.E. 97 TH ST. MIAMI SHORES FL | | |
| CITY-ST-ZIP | 33138 | | |
| TITLE | | Change <input type="checkbox"/> | Addition <input type="checkbox"/> |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | Change <input type="checkbox"/> | Addition <input type="checkbox"/> |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | Change <input type="checkbox"/> | Addition <input type="checkbox"/> |
| NAME | | | |
| STREET ADDRESS | | | |
| 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 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

YONGYUTH NETHONGKOME 1/24/01

Date

Daytime Phone #

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90113 006 ***150.00

737199



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)