2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000008704

i. Entity Name

FUJI JAPANESE STEAK HOUSE AND SUSHI BAR, INC.

mindipal Place of Business *** S.E. 109TH AVE., STE, 618

----- FL 34491

Mailing Address

17860 S.E. 109TH AVE., STE. 618 SUMMERFIELD FL 34491-8909

FILED May 13, 2000 8:00 am Secretary of State

05-13-2000 90017 029 ***150.00



Principal Place of Business 3. Mailing Address					
, 1110-pai 1 1205 51 2 25//600				DO NOT WRITE IN THIS SPACE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3502719 Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent	
MCKINNEY, JOHN 17860 S.E. 109TH AVE., STE. 618 SUMMERFIELD FL 34491			Street Addres	s (P.O. Box Number is Not Acceptable)	
			City	FL Zip Code	
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NC	DTE: Registered Agent signature requ		
 This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back)		After MAY 1, 2	V!!! FEE IS \$150.00 2000 Fee will be \$550.00 able to Department of S	State Russ Fund Continuous. Added to Fees	
11.	OFFICERS AND	DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LE, TIEN 1755 LAKE TERRACE DR. EUSTIS FL 32726	⊠ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition :	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT MCKINNEY, JOHN 900 VINCENT DR. MT. DORA FL 32757	☐ 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	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change . Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	28	☐ 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:

AND PYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATUR