

2001 UNIFORM BUSINESS REPORT (UBR)

0128118 AT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 16 PM 3:13

DOCUMENT # P98000008704

1. Entity Name
FUJI JAPANESE STEAK HOUSE AND SUSHI BAR, INC.

Principal Place of Business
17860 S.E. 109TH AVE., STE. 618
SUMMERFIELD FL 34491

Mailing Address
17860 S.E. 109TH AVE., STE. 618
SUMMERFIELD FL 34491



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
17860 S.E. 109TH AVE

3. Mailing Address
P.O. Box 922

Suite, Apt. #, etc.
Suite 618

Suite, Apt. #, etc.
MT. DORA, FL 32757

City & State
Summerfield

City & State
FL

4. FEI Number 59-3502719

Applied For
Not Applicable

Zip
34491

Country
MARSH

Zip
32757

Country
Lok

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

MCKINNEY, JOHN
17860 S.E. 109TH AVE., STE. 618
SUMMERFIELD FL 34491

Name
NO

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.

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

(NOTE: Registered Agent signature required when reinstating)

9/9/01
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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 DV
LE, TIEN
STREET ADDRESS 1755 LAKE TERRACE DR.
CITY-ST-ZIP EUSTIS FL 32726 ☐ Delete

TITLE
NAME
STREET ADDRESS 800004655088-7
CITY-ST-ZIP -10/26/01--01055--017
*****400.00 *****400.00 ☐ Change ☐ Addition

TITLE
NAME DPT
MCKINNEY, JOHN
STREET ADDRESS 900 VINCENT DR.
CITY-ST-ZIP MT. DORA FL 32757 ☐ Delete

TITLE
NAME
STREET ADDRESS 800004655088-7
CITY-ST-ZIP -10/26/01--01055--018
*****150.00 *****150.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/13/07
Date

Daytime Phone #

CR2E034 (5/01)