

**2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # **98000023542**

1. Entity Name

**SUSHI NAMI BOCA, INC.****FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90033 030 \*\*\*158.75

**659721**

Principal Place of Business

Mailing Address

**19605-A SOUTH STATE ROAD 7 BOCA RATON FL 33498-4767**  
**19605-A SOUTH STATE ROAD 7 BOCA RATON FL 33498-4767**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-0819378**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PHAM HANH**~~**22456 LOMBARD AVENUE**~~~~**BOCA RATON FL 33428**~~

Name

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

**10435 BOCA SPRINGS DRIVE**

City

**BOCA RATON****FL**

Zip Code

**33428**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD KHOUNTHAVONG, THAM 10435 BOCA SPRINGS DRIVE BOCA RATON FL 33428</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VPD PHAM HANH 10435 BOCA SPRINGS DRIVE BOCA RATON FL 33428</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **HANH PHAM**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**4/25/01**

Daytime Phone #

**581-883-0202**

CR2E034 (11/00)