## 2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # **P98000057757** May 08, 2000 8:00 am Secretary of State 1. Entity Name LITTLE TOKYO SUSHI BAR & GRILL OF AVENTURA, INC. 05-08-2000 90002 049 \*\*\*158.75 Mailing Address Principal Place of Business 2575 PINE TREE DRIVE 2575 PINE TREE DRIVE MIAMI BEACH FL 33140-4320 MIAMI BEACH FL 33140 2. Principal Place of Business 3. Mailing Address 2150\_N\_E 206 street DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite. Apt. #. etc. Applied For City & State City & State 4. FEI Number 65-0907919 Not Applicable Miami \$8.75 Additional Country Country Zip 5. Certificate of Status Desired Fee Required 33179 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HAK MAN LEE Street Address (P.O. Box Number is Not Acceptable) SMOLER, BRUCE J 100 S.E. 2ND STREET SUITE 2620 MIAMI FL 33131 2150 N.E. 20<u>6 Street</u> Zip Code 33179 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. ed agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS D TITLE Б ☐ Change ☐ Addition TITLE ☐ Delete LEE. HAK M NAME NAME LEE, HAK MAN STREET ADDRESS STREET ADDRESS 2575 PINE TREE DRIVE 2150 N.E. 206 Street CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33140 <u>Miami FL 33179</u> ☐ Addition ☐ Change .... Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME

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.

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITI F

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

Change

☐ Change

☐ Addition

☐ Addition