


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90209 004 ***150.00

DOCUMENT # P98000098758	
1. Entity Name SUSHI TRAIN, INC.	

Principal Place of Business 9734 DEERLAKE CT., #11 JACKSONVILLE FL 32256 US	Mailing Address 9734 DEERLAKE CT., #11 JACKSONVILLE FL 32256 US
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CHECK HERE IF MAKING CHANGES

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 59-3552059	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

QIU, WEN ZHOU
9810-12 BAYMEADOWS ROAD
JACKSONVILLE FL 32256

7. Name and Address of New Registered Agent

Name _____
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	<i>P Qiu</i>	<input type="checkbox"/>
NAME	QIU, WEN ZHOU	<input type="checkbox"/>
STREET ADDRESS	9810-12 BAYMEADOWS ROAD	<input type="checkbox"/>
CITY-ST-ZIP	JACKSONVILLE FL 32256	<input type="checkbox"/>
TITLE	<i>Pls change to Qiu</i>	<input type="checkbox"/>
NAME		<input type="checkbox"/>
STREET ADDRESS		<input type="checkbox"/>
CITY-ST-ZIP		<input type="checkbox"/>
TITLE		<input type="checkbox"/>
NAME		<input type="checkbox"/>
STREET ADDRESS		<input type="checkbox"/>
CITY-ST-ZIP		<input type="checkbox"/>
TITLE		<input type="checkbox"/>
NAME		<input type="checkbox"/>
STREET ADDRESS		<input type="checkbox"/>
CITY-ST-ZIP		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS		<input type="checkbox"/>	<input type="checkbox"/>
CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS		<input type="checkbox"/>	<input type="checkbox"/>
CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS		<input type="checkbox"/>	<input type="checkbox"/>
CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED *4/19/03*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)