

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 16, 2001 8:00 am
Secretary of State

03-16-2001 90016 007 ***150.00

DOCUMENT # P98000098934

1. Entity Name

SUSHI TSU, INC.

Principal Place of Business

**15317 AMBERLY DRIVE
TAMPA FL 33647**

Mailing Address

**15317 AMBERLY DRIVE
TAMPA FL 33647**

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 **59-3884944**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ROIG, RICARDO A ESQ.
201 N. FRANKLIN ST.
ONE TAMPA CITY CENTER, STE. 2600
TAMPA FL 33602**

7. Name and Address of New Registered Agent

Name **GEORGE WHITE, C.P.A.**
Street Address (P.O. Box Number is Not Acceptable)
3750 GUNN HIGHWAY
SUITE 1B
City **TAMPA** FL Zip Code **33624**

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

GEORGE WHITE, C.P.A.

George White CPA DA

3/13/01

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

TITLE	PST	<input type="checkbox"/> Delete
NAME	CHOE, JAY C	
STREET ADDRESS	5115 ARBOR POINTE CIR., #510	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE	S	<input type="checkbox"/> Delete
NAME	KAHOE,	
STREET ADDRESS	5115 ARBOR POINT CIR. #510	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHOE, JAY C	
STREET ADDRESS	27918 SUMMER PLACE DR,	
CITY-ST-ZIP	WESLEY CHAPEL, FL 33543	
TITLE	CHOE, JAY C	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHOE, JAY C	
STREET ADDRESS	27918 SUMMER PLACE DR	
CITY-ST-ZIP	WESLEY CHAPEL	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHOE, NYONG H.	
STREET ADDRESS	27918 SUMMER PLACE DR,	
CITY-ST-ZIP	WESLEY CHAPEL, FL 33543	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

3/14/01 (813) 910-9404

CR2E034 (10/00)