

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000046379

1. Entity Name

KHIN SUSHI, INC

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90101 035 ***150.00

Principal Place of Business

2049 POLO GARDENS DR. #201
WEST PALM BEACH FL 33414

Mailing Address

2049 POLO GARDENS DR. #201
WEST PALM BEACH FL 33414-2037

2. Principal Place of Business

Publix Seafood

3. Mailing Address

13880 Wellington Trace



Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Wellington

City & State

FL 33414

4. FEI Number

36-4184928

Applied For

Not Applicable

Zip

33414

Country

Palm Beach

Zip

33414

Country

U.S.A.

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

KHIN, AUNG
2049 POLO GARDENS DR. #201
WEST PALM BEACH FL 33414

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.

SIGNATURE

James PRESIDENT

01-16-00

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, 2000 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 **P** ☐ Delete
NAME **KHIN, AUNG**
STREET ADDRESS **2049 POLO GARDENS DR. #201**
CITY-ST-ZIP **WEST PALM BEACH FL 33414**

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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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:

James AUNG KHIN, PRESIDENT

01-16-00

SGI. 333-482

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #