## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Jun 08, 2000 8:00 am Secretary of State DOCUMENT # **P99000058739** 1. Entity Name ALOGIE, INC. DRAGONFLY SUGHI & SAKE COMPANY, Inc. 06-08-2000 90020 024 \*\*\*150.00 Principal Place of Business Mailing Address 3500 S.W. 19TH AVE., APT. 233 3500 S.W. 19TH AVE., APT. 233 GAINESVILLE FL 32607 GAINESVILLE FL 32604-5166 2. Principal Place of Business 3. Mailing Address HOITATE . TO HOILLY Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE #103 20ise 2<sup>™</sup> P.O.Box 15166 City & State City & State 4. FEI Number Applied For FLORIDA GAINEGUILLE FLORUSA GAINESVILLE 59-26 Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired 32601 USA 32604 USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LEUNG, HIROFUMI P.M LEUNG, HIROFUMI P.M. Street Address (P.O. Box Number is Not Acceptable) 3500 S.W. 19TH AVE., APT. 233 4440 SW ARCHER RA GAINESVILLE FL 32607 124 Zip Code 32608 GANBOILLE 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. 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 OFFICERS AND DIRECTORS 11. 12. PRESIDENT (P) LEUNG, HIROFUMI F Addition TITLE Delete TITLE NAME 4440 SW ARCHER PA. LEUNG, HIROFUMI P.M. STREET ADDRESS STREET ADDRESS 3500 S.W. 19TH AVE., APT. 233 GAINGSVILLE FL CITY-ST-ZIP CITY-ST-ZIP **GAINESVILLE FL 32607** FASCUTIVE DIRECTOR (D) ☐ Delete TITLE ☐ Addition TITI F 4440 SW ARCHER ED #124 NAME KIM, SONG Y NAME STREET ADDRESS STREET ADDRESS 3500 S.W. 19TH AVE., APT. 233 GAINESVILLE FL CITY-ST-ZIP CITY-ST-7IP **GAINESVILLE FL 32607** ☐ Addition ☐ Change TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

empowered

SIGNATURE AND TYPEYOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HIPOFUMI PM LEUNG

changed, or on an attachment with an address, with all other like

SIGNATURE: