2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 08, 2000 8:00 am
Secretary of State
06-08-2000 90020 024 ***150.00

DOCUMENT # P99000058739

1. Entity Name

~~ALOGIC, INC.~~ DRAGONFLY SUSHI & SAKE COMPANY, Inc.

Principal Place of Business	Mailing Address
3500 S.W. 19TH AVE.. APT. 233 GAINESVILLE FL 32607	3500 S.W. 19TH AVE.. APT. 233 GAINESVILLE FL 32604-5166

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
UNION ST. STATION	
Suite, Apt. #, etc. 201 SE 2nd AVE #103	Suite, Apt. #, etc. P.O. Box 15166
City & State GAINESVILLE FLORIDA	City & State GAINESVILLE FLORIDA
Zip: 32601 Country: USA	Zip: 32604 Country: USA

4. FEI Number: 59-3624957 ☐ Applied For ☐ Not Applicable

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
LEUNG, HIROFUMI P.M. 3500 S.W. 19TH AVE., APT. 233 GAINESVILLE FL 32607	Name: LEUNG, HIROFUMI P.M. Street Address (P.O. Box Number is Not Acceptable): 4440 SW ARCHER Rd # 124 City: GAINESVILLE FL Zip Code: 32608

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: Hirofumi P.M. Leung — 5/31/00
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEUNG, HIROFUMI P.M. 3500 S.W. 19TH AVE., APT. 233 GAINESVILLE FL 32607	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT (P) LEUNG, HIROFUMI P.M. 4440 SW ARCHER Rd. #124 GAINESVILLE FL 32608	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KIM, SONG Y 3500 S.W. 19TH AVE., APT. 233 GAINESVILLE FL 32607	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EXECUTIVE DIRECTOR (D) KIM, SONG Y. 4440 SW ARCHER Rd #124 GAINESVILLE FL 32608	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/99)

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: Hirofumi P.M. Leung — HIROFUMI PM LEUNG — 5/31/00 — (352)271-7272
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #