

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000065011

1. Entity Name
KYOTO SUSHI AND SAKE LOUNGE, INC.

Principal Place of Business
25 N.E. 2ND AVENUE SUITE 208
DELRAY BEACH FL 33444

Mailing Address
25 N.E. 2ND AVENUE SUITE 208
DELRAY BEACH FL 33444

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

65-0936138

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

~~KRALL, MARK L~~
610 EAST ATLANTIC AVENUE
DELRAY BEACH FL 33483

Name
MICHAEL AGELOFF

Street Address (P.O. Box Number is Not Acceptable)
1000 VIA CUGANO CIRC

APT 205

City
BOYNTON BEACH

FL

Zip Code
33436

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

Michael Ageloff

(NOTE: Registered Agent signature required when reinstating)

7/19/01

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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
P
PETERS, IRWIN
159 W 53RD ST #208
NEW YORK NY 10019 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
AGGLOFF, MICHAEL
230 SE MITZNER BLVD #307
BOCA RATON FL 33432 ☐ Delete

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

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CITY-ST-ZIP
☐ Change ☐ Addition

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:

Michael Ageloff
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Sep 10, 2001 8:00 am
Secretary of State

09-10-2001 90046 008 ***550.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (5/01)