

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000072382

1. Entity Name

GINZA JAPANESE RESTAURANT, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90064 044 ***150.00

Principal Place of Business

Mailing Address

6441 NW 41 STREET
CORAL SPRINGS FL 33067

6441 NW 41 STREET
CORAL SPRINGS FL 33067-3009

2. Principal Place of Business

7849 PINES BLVD.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PEMBROKE PINES, FL

City & State

4. FEI Number

65-0940615

☒ Applied For

☐ Not Applicable

Zip

33024

Country

U.S.A.

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WAN, LAI FONG
6441 NW 41 STREET
CORAL SPRINGS FL 33067

7. Name and Address of New Registered Agent

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

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 | DP | <input type="checkbox"/> Delete |
| NAME | WAN, LAI FONG | |
| STREET ADDRESS | 6441 NW 41 STREET | |
| CITY-ST-ZIP | CORAL SPRINGS FL 33067 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | WAN, HON SING | |
| STREET ADDRESS | 5345 N.W. 54TH STREET | |
| CITY-ST-ZIP | COCONUT CREEK, FL 33073 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | TANG, SHU FAI | |
| STREET ADDRESS | 6441 N.W. 41 STREET | |
| CITY-ST-ZIP | CORAL SPRINGS, FL 33067 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | WAN, XUE QIONG F. | |
| STREET ADDRESS | 5345 N.W. 54TH STREET | |
| CITY-ST-ZIP | COCONUT CREEK, FL 33073 | |
| 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 | <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 | |
| 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 | |
| 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:

LAI FONG WAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB 28, 2000

Date

954-986-3686

Daytime Phone #

CR2E034 (9/99)