

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000072491  
Entity Name KINJA JAPANESE RESTAURANT, INC.

FILED  
Sep 18, 2000 8:00 am  
Secretary of State  
09-18-2000 90033 048 \*\*\*150.00

Principal Place of Business Mailing Address  
8104 West Waters Avenue  
Tampa FL 33615

Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. 3715 West Cypress Street

City & State City & State  
Tampa FL

Zip Country Zip Country  
33607

4. FEI Number Applied For  
59-3596105 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
SUK T. Kim  
3715 West Cypress Street  
Tampa FL 33607

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		NAME	
CITY-STATE-ZIP		STREET ADDRESS	
	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		NAME	
		STREET ADDRESS	
		CITY-STATE-ZIP	
	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		NAME	
		STREET ADDRESS	
		CITY-STATE-ZIP	
	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		NAME	
		STREET ADDRESS	
		CITY-STATE-ZIP	
	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		NAME	
		STREET ADDRESS	
		CITY-STATE-ZIP	

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: [Signature] DATE: 9/8/2000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)

Attachment # P9900007249.  
DUU86903

## KINJA JAPANESE RESTAURANT

3715 West Cypress Street  
Tampa, FL 33607  
Telephone: (813) 876-1709

September 8, 2000

Annual Reports Filings  
Department of State  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Annual Report, P 99000072491

Dear Ladies and Gentlemen:

Our corporation was established during the year of 1999. So far we did not receive any renewal form for the annual form.

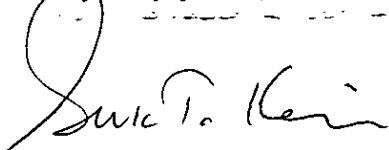
Accordingly, using a blank form, we are submitting you the completed form and a check of \$ 150.00 for annual fee.

Please do not impose any possible penalty since we did not receive any notice before. If our mailing address was not updated, please correct the mailing address as shown in the letterhead.

We feel sorry for causing you this trouble.

We want to thank you very much for your cooperation in this matter.

Very truly yours,



Suk T. Kim  
President