

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99 000072491**

1. Entity Name **KINJA JAPANESE RESTAURANT, INC.**

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90455 035 ***150.00

Principal Place of Business Mailing Address

8104 west Waters Ave

Tampa FL 33615

2. Principal Place of Business

3. Mailing Address

113 S. MacDill Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#B

City & State

City & State

Tampa FL

4. FEI Number

5

Applied For

Not Applicable

Zip

Country

Zip

33609

Country

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

SUK Tae Kim

8104 W. Waters Ave
Tampa FL 33615

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
IF YOU DO NOT FILE BY 5/1/01 YOUR FEE WILL BE \$350.00
Mail to: Secretary 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	SUK Tae Kim 8104 W. Waters Ave Tampa FL 33615	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)