

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State
 01-19-2000 90163 023 ***150.00

A0006728



DO NOT WRITE IN THIS SPACE

DOCUMENT # V60255

1. Entity Name

WEEN INTERNATIONAL CORPORATION

Principal Place of Business

Mailing Address

SAGA RESTAURANT
S. TAMiami TR. #104
SARASOTA FL 34238

SAGA RESTAURANT
8383 S. TAMiami TR. #104
SARASOTA FL 34238-2901
US

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 **65-0352903**

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

UCHIDA, MAKOTO.
SAGA RESTAURANT
8383 S. TAMiami TR. #104
SARASOTA FL 34238

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAKOTO UCHIDA 6033 34TH ST. W. #83 BRADENTON FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HAYASHI, NOBUYUKI 2650 WOOD GATE LANE SARASOTA FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HAYASHI, NOBUYUKI 2650 WOOD GATE LANE SARASOTA FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MASAKO, UCHIDA 4066 CROCKERS LAKE BLVD #218 SARASOTA FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/2000

Date

941.924-2800

Daytime Phone #

CR2E034 (9/99)