

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90254 036 ***150.00

DOCUMENT # V60255

1. Entity Name

WEEN INTERNATIONAL CORPORATION

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

SAME AS ABOVE

Suite, Apt. #, etc.

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0352903**

Applied For

Not Applicable

Zip

Country

Zip

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

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]* by President

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, 2001 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 **P** ☐ Delete
NAME **MAKOTO UCHIDA**
STREET ADDRESS **6033 34TH ST. W. #83**
CITY-ST-ZIP **BRADENTON FL**

TITLE ☐ Change ☐ Addition
NAME **ADDRESS CHANGE ONLY**
STREET ADDRESS **7948 MEADOW RUSH LOOP**
CITY-ST-ZIP **SARASOTA, FL.**

TITLE **VP** ☐ Delete
NAME **HAYASHI, NOBUYUKI**
STREET ADDRESS **2650 WOOD GATE LANE**
CITY-ST-ZIP **SARASOTA FL**

TITLE ☐ Change ☐ Addition
NAME **ADDRESS CHANGE ONLY**
STREET ADDRESS **3017 HILLVIEW ST**
CITY-ST-ZIP **SARASOTA, FL**

TITLE **S** ☐ Delete
NAME **HAYASHI, NOBUYUKI**
STREET ADDRESS **2650 WOOD GATE LANE**
CITY-ST-ZIP **SARASOTA FL**

TITLE ☐ Change ☐ Addition
NAME **ADDRESS CHANGE ONLY**
STREET ADDRESS **3017 HILLVIEW ST**
CITY-ST-ZIP **SARASOTA, FL.**

TITLE **T** ☐ Delete
NAME **MASAKO, UCHIDA**
STREET ADDRESS **4066 CROCKERS LAKE BLVD #218**
CITY-ST-ZIP **SARASOTA FL**

TITLE ☐ Change ☐ Addition
NAME **ADDRESS CHANGE ONLY**
STREET ADDRESS **7948 MEADOW RUSH LOOP**
CITY-ST-ZIP **SARASOTA, FL.**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAKOTO UCHIDA

Date

Daytime Phone #

1/2/01

941-924-2800

CR2E034 (10/00)