

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90010 049 ***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

3. Mailing Address
SAME

Suite, Apt. #, etc.

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

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ~~MAKOTO UCHIDA BY PRESIDENT~~
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	MAKOTO UCHIDA	
STREET ADDRESS	7948 MEADOW RUSH LOOP	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE	VP	☐ Delete
NAME	HAYASHI, NOBUYUKI	
STREET ADDRESS	3017 HILLVIEW ST	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE	S	☐ Delete
NAME	HAYASHI, NOBUYUKI	
STREET ADDRESS	3017 HILLVIEW ST	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE	T	☐ Delete
NAME	MASAKO, UCHIDA	
STREET ADDRESS	7948 MEADOW RUSH LOOP	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ~~MAKOTO UCHIDA BY PRESIDENT~~
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034 (10/02)