

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2002 8:00 am**  
**Secretary of State**

03-05-2002 90084 036 \*\*\*150.00

0574125 AT

**DOCUMENT # F00000006964**

1. Entity Name  
**TRUE WORLD FOODS, INC.**

Principal Place of Business <b>32 - 34 PAPETTI PLAZA ELIZABETH NJ 07207</b>	Mailing Address <b>120 INDUSTRIAL AVENUE LITTLE FERRY NJ 07643</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>13-2974013</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.  
 526 EAST PARK AVENUE  
 TALLAHASSEE FL 32301**

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.

SIGNATURE \_\_\_\_\_ (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.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>NAKAMURA, TAMOTSU</b>	
STREET ADDRESS	<b>1575 JEROME AVENUE</b>	
CITY-ST-ZIP	<b>FORT LEE NJ 07024</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>YASHIRO, TAKESHI</b>	
STREET ADDRESS	<b>51 SERVEN PLACE</b>	
CITY-ST-ZIP	<b>CLIFTON NJ 07011</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>GRAY, DANIEL F</b>	
STREET ADDRESS	<b>2 BROADWAY, APT. 6</b>	
CITY-ST-ZIP	<b>WHITE PLAINS NY 10601</b>	
TITLE	<b>TDV</b>	<input type="checkbox"/> Delete
NAME	<b>JEWELL, JACK N</b>	
STREET ADDRESS	<b>5 ESSEX STREET</b>	
CITY-ST-ZIP	<b>DUMONT NJ 07628</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PARK, SANG KWON</b>	
STREET ADDRESS	<b>481 8TH AVENUE</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10010</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KOBAYASHI, MASAHISA</b>	
STREET ADDRESS	<b>88 STEPEHEN DRIVE</b>	
CITY-ST-ZIP	<b>TARRYTOWN NY 10591</b>	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Takeshi Yashiro / Takeshi: Yashiro Date: 908-351-1400 Daytime Phone #

CR2E034 (9/01)