

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000088580

1. Entity Name

MYM INTERNATIONAL INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90293 011 ***158.75

Principal Place of Business

Mailing Address

2911 CENTER POINT CIRCLE
BLDG. #3
POMPANO BEACH FL 33064

% ASKA COMMUNICATION CORP.
2911 CENTER PORT CIRCLE
POMPANO BEACH FL 33064-2105

2. Principal Place of Business

2911 Center Port Circle

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pompano Beach, FL

City & State

Zip
33064-2105

Country

Zip

Country

4. FEI Number

65-0873396

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

NIGORIKAWA, TOSHI
3540 NW 56TH ST
FORT LAUDERDALE FL 33309

Name

NIGORIKAWA, TOSHI

Street Address (P.O. Box Number is Not Acceptable)

2911 CENTER PORT CIRCLE

City Pompano Beach

FL

Zip Code
33064-2105

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		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	P			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	NIGORIKAWA, TOSHIHIKO	12200 CLASSIC DR.	CORAL SPRINGS FL 33071						
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<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:

T. Nigorikawa, Pres.

1/11/00 954 785 0200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #