## 2002 UNIFORM BUSINESS REPORT (UBR)

2002 UNIFORM BUSINESS REPORT (UBR)							FILED			
DOCUMENT # 816282							Ap Se	r 28, 20 ecretary	v of Sta	u am ate
-		GING INTERNA	TIONAL, INC					)4-28-2002 9078		
Principal Plac	e of Business		Mailing Address							
71 CHARLES STREET 71 CHARLES STI GLEN COVE NY 11542 GLEN COVE NY							J <b>13070</b> 1 ( <b>0</b> 101)	HIBIÐ ANNA HIÐAR IRRÍÐ ÍRÐÍ Í	ERRI DIGIL ASDLI DIDIL 1	HARA DIAIR IDDI
2. Principal Place of Business 3. Mailing Address					<del>,</del>					
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State			City & State			4. 1	FEI Number	11-1718626	<del></del>	oplied For ot Applicable
Zip	Zip Country		Zìp	Zip Country		5. Certificate of Status Desired   \$8.75 Additional Fee Required				
, e. e. ,	6. Name and Ad	Idress of Current Re	gistered Agent			7, I	Name and Add	ress of New Registe	ered Agent	
HOLBROOK, JEAN 1072 S. POWERLINE RD.					Name Street A	Address (P.O. Box Number is Not Acceptable)				
DEERFIELD BCH. FL 33442										
					City	FL Zip Code				
8. The above	named entity submi	ts this statement for th	ne purpose of changing its	register	ed office o	r registered ag	jent, or both, in	the State of Florida.		-
SIGNATURE .	Signature typed or printed	name of registered agent and	title if applicable (NOTE	- Registere	nd Agent signat	ure required when re	einstating)		)ATE	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  FILE NOW!!! After May 1, 2002 Make Check Payable					IS \$150. will be \$5	00 i50.00	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees			
11.	•	OFFICERS AND DI		12.			L DITIONS/CHA	NGES TO OFFICERS	AND DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NAGATANI, TOS 48 PARK AVE Gyster Bay N	🔀 Delete	NAME SCA			DENT ITER, ST INFIELD ] n, NY 11	EPHEN AVIS DRIVE	☐ Change	Addition	
TITLE	S	<del></del>	☐ Delete	TITL		- Commi	, , , , , , , , , , , , , , , , , , ,	/ 4 /	<b>∑</b> Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	NISHIMURA, SHI 41 DEPAN STRE FLORAL PARK N			IE EET ADDRESS '-ST-ZIP	90LDA PT. WX	1000 RD	NY11050			
TITLE ÷ .	V SCHUSTER, STE		e e - Delete -	• TITL		<u> </u>			. Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	23 WINFIELD DA GORAM NY 117	<del>(vis driv</del> e			EET ADDRESS '-ST-ZIP					
TITLE NAME STREET ADDRESS	V NISHIMURA, SHI 41 DEPAN STRE		Delete		ie Eet address				☐ Change	☐ Addition
CITY-ST-ZIP	<del>Floral Park N</del> T	<del> Y-110</del> 01	☐ Delete	CITY	'-ST-ZIP E				<b>◯</b> Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	NISHIMURA, SHI 41 DEPAN STRE FLORAL PARK N	EŦ			ie Eet address '-st-zip	9 040 N	PEHINETO	d, ny 1105	0	
TITLE NAME	. COLORE I MIN I		☐ Delete	TITL NAM			<u> </u>	, , ,	☐ Change	Addition
STREET ADDRESS					ET ADDRESS					

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 eath; 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. SHUNSUKI NISHIMURA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(576) 674 2500 Daytime Phone #