

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90055 049 ***150.00

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1. Entity Name
SHINWA USA, INC.



Principal Place of Business
**12779 ROSELAND ROAD
ROSELAND FL 32957**

Mailing Address
**12779 ROSELAND ROAD
ROSELAND FL 32957**



2. Principal Place of Business

3. Mailing Address

P.O. 908

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ROSELAND FL

4. FEI Number **38-3561736**

Applied For

Not Applicable

Zip

Country

32917

USA

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

**ANDREWS, KENNETH
12779 ROSELAND ROAD
ROSELAND FL 32957**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

DP ☐ Delete
YAMADA, HIROSHI
STREET ADDRESS **12779 ROSELAND ROAD**
CITY-ST-ZIP **ROSELAND FL 32957**

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

D ☐ Delete
KIM, JON HOI
STREET ADDRESS **12779 ROSELAND ROAD**
CITY-ST-ZIP **ROSELAND FL 32957**

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

STD ☐ Delete
ANDREWS, KENNETH
STREET ADDRESS **12779 ROSELAND ROAD**
CITY-ST-ZIP **ROSELAND FL 32957**

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

D ☐ Delete
AOYAMA, KEIKI
STREET ADDRESS **12779 ROSELAND ROAD**
CITY-ST-ZIP **ROSELAND FL 32957**

TITLE ☒ Change ☐ Addition
NAME **AOYAMA, KEIKO**
STREET ADDRESS
CITY-ST-ZIP

☐ Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
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:

X SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)