

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2000 8:00 am**  
**Secretary of State**

05-07-2000 90039 037 \*\*\*150.00

**DOCUMENT # F93000003542**

1. Entity Name  
**PACE INDUSTRIES OF DELEWARE, INC.**

Principal Place of Business Mailing Address  
**405 Lexington Ave. 405 Lexington Ave.**  
**22nd Floor 22nd Floor**  
**New York, NY 10174-0307 New York, NY 10174-0307**

2. Principal Place of Business 3. Mailing Address  
**c/o Vincent J. Debo c/o Vincent J. Debo**  
**405 Lexington Ave 405 Lexington Ave.**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**22nd Floor 22nd Floor**

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number Applied For  
**New York, NY New York, NY 13-3245206 Not Applicable**  
 Zip Country Zip Country 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required  
**10174-0307 10174-0307**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  
**Insurance Commissioner**  
**The Capitol**  
**Tallahassee, FL 32399-0300**  
 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 \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable

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	Chairman <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Kobayashi, Toshihiro		NAME		
STREET ADDRESS	6-23 Momozono-Cho		STREET ADDRESS		
CITY - ST - ZIP	Mizuho-Ku, Nagoya 467, Japan		CITY - ST - ZIP		
TITLE	President <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Yamauchi, Naoya		NAME		
STREET ADDRESS	405 Lexington Avenue		STREET ADDRESS		
CITY - ST - ZIP	New York, NY 10174-0307		CITY - ST - ZIP		
TITLE	Secretary <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Kobayashi, Hiroaki		NAME		
STREET ADDRESS	6-23 Momozono-Cho		STREET ADDRESS		
CITY - ST - ZIP	Mizuho-Ku, Nagoya 467, Japan		CITY - ST - ZIP		
TITLE	Treasurer <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Niwa, Tomitaka		NAME		
STREET ADDRESS	6023 Momozono-Cho		STREET ADDRESS		
CITY - ST - ZIP	Mizuho-Ku, Nagoya 467, Japan		CITY - ST - ZIP		
TITLE	Assistant Secretary <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Debo, Vincent J.		NAME		
STREET ADDRESS	405 Lexington Avenue		STREET ADDRESS		
CITY - ST - ZIP	New York, NY 10174-0307		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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:**  **Vincent J. Debo** **4/18/2000 (212) 916-8100**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)