

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 18, 2001 8:00 am
Secretary of State

01-18-2001 90018 008 ***150.00

0591374

DOCUMENT # F93000005748

1. Entity Name

NEW JAS INT'L INC.

Principal Place of Business

**1830 205TH ST
TORRANCE CA 90501
US**

Mailing Address

**1830 205TH ST
TORRANCE CA 90501
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **13-2900579**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

A 0006243

**6. Name and Address of Current Registered Agent****THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST.
STE. 105
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

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, 2001 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 NAME	CD GOSHI KIRIMOTO	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	7-2-10 AKASAKA, MINATOKU TOKYO 107 JA	
TITLE NAME	P KIKUCHI, SAKUO	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	200 RIVERSIDE BOULEVARD APT. #410 NEW YORK NY 10023	
TITLE NAME	ST FUJITA, MINORU	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	2971 PLAZA DEL AMO #290 TORRANCE CA 90503	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	P KIKUCHI, SAKUO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	27002 SPRINGCREEK ROAD RANCHO PALOS VERDES, CA 90274	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

/MINORU FUJITA

01/04/01

Date

(310) 787-6500

Daytime Phone #

CR2E034(10/00)