FILED

## · 200 UNIFORM BUSINESS REPORT (UBR)

## Apr 12, 2001 8:00 am Secretary of State DOCUMENT # F9400000751 1. Entity Name AMEPLAZA, INC. 04-12-2001 90039 011 \*\*\*150.00 Principal Place of Business Mailing Address 20341 IRVINE AVENUE 20341 IRVINE AVENUE 341434 SUITE B4 SUITE B4 SANTA ANA HEIGHTS CA 92707 SANTA ANA HEIGHTS CA 92707 2. Principal Place of Business 3. Mailing Address 20341 Irvine Avenue 20341 Irvine Avenue Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite D-4 Suite D-4 Applied For City & State City & State 4. FEI Number 33-0336361 Not Applicable Santa Ana Heights Santa Ana Heights Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired 92707 92707 USA USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS ST **SUITE 105** TALLAHASSEE FL 32301 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Addition TITLE ☐ Delete TITLE ☐ Change KUWATA, KOYA NAME NAME STREET ADDRESS 20341 IRVINE AVENUE SUITE D4 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SANTA ANA CA 92707 ☐ Delete TITLE ☐ Change ☐ Addition TITLE ISHIKAWA, TOSHIO NAME NAME STREET ADDRESS 20341 IRVINE AVENUE SUITE D4 STREET ADDRESS CITY-ST-ZIP SANTA ANA CA 92707. CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME HAYASHI, ERI NAME STREET ADDRESS 20341 IRVINE AVENUE SUITE D4 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SANTA ANA CA 92707 AS TITLE ☐ Delete TITLE ☐ Addition NAME ASAMI, TAKESHI NAME STREET ADDRESS STREET ADDRESS 20341 IRVINE AVENUE SUITE D4 CITY-ST-ZIP CITY-ST-ZIP SANTA ANA CA 92707 TITLE ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition TITLE 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-01

114-436-071

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