2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # F9500000108 Jan 21, 2000 8:00 am 1. Entity Name **Secretary of State** AMERICAN PACIFIC RIM, INC. 01-21-2000 90062 024 ***150.00 Principal Place of Business Mailing Address 4732 E. 26TH ST. 4732 E, 26TH ST. VERNON CA 90040 VERNON CA 90040-2002 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 95-4092529 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RUBENSTEIN, IRVING Street Address (P.O. Box Number is Not Acceptable) 1600 N.W. 163RD ST. MIAMI FL 33169 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. DATE 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS TIT! F Tr Change Addition TITLE ☐ Delete HDA, HIROSHI NAME EISUKE IIDA NAME STREET ADDRESS STREET ADDRESS 1-16-4 MIDORIGAOKA h-16-4,MIDORIGAOKA CITY-ST-ZIP CITY-ST-ZIP MEGURO-KU, TOKYO_JAPAN <u>MEGURO-KU, TOKYO, JAPAN</u> ☐ Change Addition X Delete TITLE TITLE HASEGAWA, YUZO NAME SHUICHI TERAO STREET ADDRESS STREET ADDRESS 681 MUKADANI, HAYASHIDA-CHO 7-3-28, MURE, MITAKA CITY-ST-7IP CITY-ST-ZIP HIMEJ), HYOGO, JAPAN OKYO, JAPAN Addition TITLE TITLE YAMAZAKI, KAZUHIDE NAME NAME YUZO KATO - -STREET ADDRESS STREET ADDRESS 100 VANDAM ST β-7-50, HONCHO, TSURUOKA CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10013** AMAGATA, JAPAN ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-2000

323-268-3794

. Daytime Phone

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