

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H44484

1. Entity Name

JAPAN RESOURCES, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90037 016 ***150.00

Principal Place of Business

407 ARTHUR GODFREY RD
MIAMI BCH FL 33140
US

Mailing Address

2333 BRICKELL AVE
417
MIAMI FL 33129-2410
US

2. Principal Place of Business

2333 Brickell Ave

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

417

City & State

Miami

City & State

Zip

33129

Country

US

Zip

Country

4. FEI Number

59-2507246

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

YOUNGBLOOD, AGNES TAKAKO MIYAZAKI
2333 BRICKELL AVE #417
MIAMI FL 33129

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 Agnes Youngblood, President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/3/2000

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 ☐ Delete
NAME P
STREET ADDRESS YOUNGBLOOD, AGNES
CITY-ST-ZIP 2333 BRICKELL AVE #417
MIAMI FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
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: Agnes Youngblood

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/2000

Date

305.858.5016

Daytime Phone #