

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

04-01-2002 90045 002 \*\*\*155.00

0199200 AV

**DOCUMENT # H44484**

1. Entity Name  
**JAPAN RESOURCES, INC.**

|  |   |
|--|---|
| Principal Place of Business<br><b>233 BRICKELL AVE</b><br><b>417</b><br><b>MIAMI FL 33129</b><br><b>US</b> | Mailing Address<br><b>2333 BRICKELL AVE</b><br><b>417</b><br><b>MIAMI FL 33129</b><br><b>US</b> |
|--|---|



DO NOT WRITE IN THIS SPACE

|  |                     |
|--|---------------------|
| 2. Principal Place of Business<br><b>2333 Brickell Ave</b> | 3. Mailing Address  |
| Suite/Apt. #, etc.<br><b>417</b>                           | Suite, Apt. #, etc. |
| City & State<br><b>MIAMI</b>                               | City & State        |

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>59-2507246</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|                     |  |     |         |  |
|---------------------|--|-----|---------|--|
| Zip<br><b>33129</b> | Country<br><b>USA</b><br><b>Miami Dade</b> | Zip | Country | 5. Certificate of Status Desired<br><input type="checkbox"/> <b>\$8.75</b> Additional Fee Required |
|---------------------|--|-----|---------|--|

**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   |
| State<br><b>FL</b>                                 |
| 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 AGNES YOUNGBLOOD** **3/19/2002**  
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, 2002 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P</b><br><b>YOUNGBLOOD, AGNES</b><br><b>2333 BRICKELL AVE #417</b><br><b>MIAMI FL</b> | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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* **AGNES YOUNGBLOOD** **3/19/2002** **305.858.5016**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)