

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 25, 2001 8:00 am**  
**Secretary of State**  
 01-25-2001 90018 007 \*\*\*150.00

**DOCUMENT # J88313**

1. Entity Name  
**JASOOM, INC.**

Principal Place of Business

**1781 N UNIVERSITY DRIVE  
 PLANTATION FL 33322**

Mailing Address

**1781 N UNIVERSITY DRIVE  
 PLANTATION FL 33322**

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 **59-2850439**

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**

**TAKEDA, TYOKO A.  
 10090 NW 13 ST  
 PLANTATION FL 33324**

Name **HORIKOSHI, TOKYO**  
 Street Address (P.O. Box Number is Not Acceptable)  
**10090 NW 13 ST**  
 City **PLANTATION** FL Zip Code **33324**

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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **PD** ☐ Delete  
 NAME **TAKEDA, TOYOKO A**  
 STREET ADDRESS **10090 NW 13ST**  
 CITY-ST-ZIP **PLANTATION FL**

TITLE **PD** ☒ Change ☐ Addition  
 NAME **HORIKOSHI, TOKYO**  
 STREET ADDRESS **10090 NW 13 ST**  
 CITY-ST-ZIP **PLANTATION, FL**

TITLE **SD** ☐ Delete  
 NAME **TAKEDA, KEN**  
 STREET ADDRESS **10090 NW 13 ST**  
 CITY-ST-ZIP **PLANTATION FL**

TITLE **SD** ☐ Change ☐ Addition  
 NAME **HORIKOSHI, MASAHIRO**  
 STREET ADDRESS **10090 NW 13 ST.**  
 CITY-ST-ZIP **PLANTATION, FL**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)