**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

1. Entity Nar	IMENT # <b>J9232</b> 9 RT INTERNATIONAL, INC.	9	, 2 	·*	√		Feb 17, 2 Secretar 02-17-2002 90	002 8:0 ry of Sta	ate	
Principal Pla- 2916 S. A-1-A VERO BEACH		Mailing Address 2306 S KINGS HWY FT PIERCE FL 34945								
2. Principal	Place of Business	3. Mailing Address								
Suite, Apt	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & Sta	te	City & State				4. FEI Number 59-2851473 Applied For Not Applicable				
Zip	Country	Zip	Count	try		5. Certi	ficate of Status Desired	□ \$8.75 Add	ditional	
	6. Name and Address of Current I	Registered Agent				7. Nam	e and Address of New Reg	Fee Require	u	
					Name LT					
CLEM, CH 3333 20TI VERO BE/		Street Address (2306)			ddress (F	P.O. Box Number is Not Acceptable) S KINGS Huy				
				City	PIE	nce	FL	FL Zip Cod	945	
8. The above	e named entity submits this statement for	AKI	M	d office of	0			a. 1/7/c	,2	
Tax filing	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	After May 1, 200	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Stat				Election Campaign Finance     Trust Fund Contribution.	υ ΨΟ.υ	<b>0</b> May Be I to Fees	
11.	OFFICERS AND I	DIRECTORS	12.			ADDITI	ONS/CHANGES TO OFFICE	RS AND DIRECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ip Ohori, nobuyuki 17-22 Hikari Guaka,, mishima-s Shizuoka-ken, Japan	□ Delete						☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MIZUNO, AKIO 2916 SO A1A VERO BCH FL 32963	☐ Delete		T ADDRESS ST-ZIP				☐ Change	☐ Addition	
TITLE -NAME STREET ADDRESS CITY-ST-ZIP	-	□ Delete		T ADORESS ST-ZIP			· · · ·	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREE CITY-S	T ADDRESS				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREE CITY-S	T ADDRESS ST-ZIP				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP				☐ Change	Addition	
of the cor	pertify that the information supplied with to on this report or supplemental report is to poration or the receiver or trustee empor or on an attachment with an address, wi	rue and accurate and that my vered to execute this report as	/ signatu	ire shall hi	ave the co	ime lecal	affect so if made under oath	that I am an officar i	or director	

SIGNATURE:

SIGNATURE AND WHED OR PRINTED NAME OF SIGNING OF FREE OR DIRECTOR

1/7/07 4/00-7529

Daytime Phone #