2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L53285

1. Entity Name

SJ BOYNTON, INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State
04-03-2000 90195 016 ***150.00

Principal Place of Business	Mailing Address
C/O SAKKIO/SAKURA JAPAN 95 ROYAL CREST CT. UNIT 5 MARKHAM. ONT. CANADA L3R 9X5	C/O SAKKIO/SAKURA JAPAN 95 ROYAL CREST CT. UNIT 5 MARKHAM. ONT. CANADA L3R 9X5

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Boynton Beach Mall	
Suite, Apt. #, etc. Sp#661, 801 N. Congress Ave.	Suite, Apt. #, etc.
City & State Boynton Beach, FL	City & State
Zip 33426 Country USA	Zip Country

4. FEI Number 65-0177007 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CHOMPOONICH, EDDY 11803 NW 13TH STREET PEMBROKE PINES FL 33026	Name Richard Ko Street Address (P.O. Box Number is Not Acceptable) 6326 Grand Bahama Circle, Suite G City Tampa **FL** Zip Code 33615

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 Richard Ko — Mar 20, 2000

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, 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	DP	☒ Delete	TITLE	PD	☐ Change ☒ Addition
NAME	CHOMPOONICH, EDDY		NAME	Richard Ko	
STREET ADDRESS	11803 NW 13TH ST.		STREET ADDRESS	6326 Grand Bahama Circle, Suite G	
CITY-ST-ZIP	PEMBROKE PINES FL		CITY-ST-ZIP	~~Tampa, FL 33615~~	
TITLE	VSD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	CHIM, DANIEL		NAME		
STREET ADDRESS	16 PERDUE CT		STREET ADDRESS		
CITY-ST-ZIP	MARKHAM ON		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (9/99)

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: Daniel Chim — Mar 20, 2000 — 905-474-0710

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #