2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 26, 2001 8:00 am Secretary of State **DOCUMENT # L53285** 1. Entity Name SJ BOYNTON, INC. 03-26-2001 90168 020 ***150.00 Principal Place of Business Mailing Address BOYNTON BEACH MALL C/O SAKKIO/SAKURA JAPAN SP# 661, 801 N CONGRESS AVE 95 ROYAL CREST CT. UNIT 5 00028731 MARKHAM, ONT, CANADA L3R 9X5 **BOYNTON BEACH FL 33426** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0177007 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KO. RICHARD Street Address (P.O. Box Number is Not Acceptable) 6326 GRAND BAHAMA CIRCLE SUITE G **TAMPA FL 33615** Zip Code FL 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. MARCH 16, 2001 RICHARD KO SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change ☐ Delete TITLE TITLE KO. RICHARD NAME NAME STREET ADDRESS 6326 GRAND BAHAMA CIRCLE STE G STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33615** Change ☐ Addition VSD Delete TITI F CHIM, DANIEL NAME NAME STREET ADDRESS 16 PERDUE CT STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MARKHAM ON ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP I hereby certify that the information supplied with his 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 strue 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 min all other like empowered.

DANIEL CHIM

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: ,

SIGNATURE AND

905-474-0710

Daytime Phone #

MARCH 16, 2001

Date