

UNIFORM BUSINESS REPORT (UBR)

FILED

00 JUN 17 PM 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L71965

GINZA INTERNATIONAL, CORP ✓

Principal Place of Business
137 N.E. 16TH PL
MIAMI, FL 33179

Mailing Address
20137 N.E. 16TH PL
MIAMI, FL 33179



WRITE IN THIS SPACE

Principal Place of Business
City & State
Country Zip Country

4. FEI Number **65-0204625** Applied For Not Applicable

5. Certificate of Status Deemed \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LUISA TKACZ
2090 N.E. 205 ST
N. MIAMI, FL 33179

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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, typed or printed name of registered agent and filer if applicable

(DATE) Registered Agent Signature (typed or printed when re-registering)

DATE

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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| OFFICERS AND DIRECTORS | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |
|--|---|
| <p>PD <input type="checkbox"/> Delete</p> <p>EDUARDO TKACZ 20137 N.E. 205 ST MIAMI, FL 33137</p> | <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>600003342646--5 -08/01/00--01084--020 *****150.00 *****150.00</p> |
| <p><input type="checkbox"/> Delete</p> | <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> |
| <p><input type="checkbox"/> Delete</p> | <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> |
| <p><input type="checkbox"/> Delete</p> | <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> |
| <p><input type="checkbox"/> Delete</p> | <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> |
| <p><input type="checkbox"/> Delete</p> | <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> |

FILED

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 filer empowered.

SIGNATURE: EDUARDO TKACZ

4-28-2000 205-651-4459