

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M77793

1. Entity Name

SJ CORDOBA, INC.

**FILED**  
**Apr 04, 2000 8:00 am**  
**Secretary of State**

04-04-2000 90018 044 \*\*\*150.00

Principal Place of Business

Mailing Address

C/O SAKKIO/SAKURA JAPAN  
95 ROYAL CREST COURT. UNIT 5 MARKHAM. ONT.  
CANADA L3R 9X5

C/O SAKKIO/SAKURA JAPAN  
95 ROYAL CREST COURT. UNIT 5 MARKHAM. ONT.  
CANADA L3R 9X5

2. Principal Place of Business

3. Mailing Address

Cordova Mall

Suite, Apt. #, etc.

5100 N. 9th Ave, Suite J-901

Suite, Apt. #, etc.

City & State

Pensacola, FL

City & State

4. FEI Number

59-2906282

Applied For

Not Applicable

Zip

32504

Country

USA

Zip

Country

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

**EDDY P. CHOMPOONICH**  
**11803 NW 13TH ST.**  
**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, 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 **PD** ☒ Delete  
NAME **EDDY CHIMPOONICH**  
STREET ADDRESS **11803 NW 13TH ST**  
CITY-ST-ZIP **PEMBROKE PINES FL**

TITLE **PD** ☐ Change ☒ Addition  
NAME **Richard Ko**  
STREET ADDRESS **6326 Grand Bahama Circle, Suite G**  
CITY-ST-ZIP **Tampa, FL 33615**

TITLE **VSD** ☐ Delete  
NAME **CHIM, DANIEL**  
STREET ADDRESS **16 PERDUE CT**  
CITY-ST-ZIP **MARKHAM ON**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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

**Daniel Chim**

**Mar 20, 2000**

**905-474-0710**

Date

Daytime Phone #

CR2E034 (9/99)