

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 30, 2003 8:00 am**  
**Secretary of State**

01-30-2003 90107 030 \*\*\*150.00

**DOCUMENT # M77793**

1. Entity Name  
**SJ CORDOBA, INC.**



Principal Place of Business  
**CORDOVA MALL  
5100 N 9TH AVE STE J-901  
PENSACOLA FL 32504  
US**

Mailing Address  
**C/O SAKKIO/SAKURA JAPAN  
95 ROYAL CREST COURT. UNIT 5  
MARKHAM, ONTARIO, CANADA L3R- 9X5**



2. Principal Place of Business

3. Mailing Address **c/o Sakkio Japan  
7650 Birchmount Road**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**Markham, Ontario**

4. FEI Number **59-2906282**

Applied For  
Not Applicable

Zip

Country

Zip

Country

**L3R-6B9**

**Canada**

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

☒ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**KO, RICHARD  
6326 GRAND BAHAMA CIRCLE  
STE G  
TAMPA FL 33615**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE **PD** ☐ Delete  
NAME **KO, RICHARD**  
STREET ADDRESS **6326 GRAND BAHAMA CIRCLE STE G**  
CITY-ST-ZIP **TAMPA FL 33615**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VSD** ☒ Change ☐ Addition  
NAME **CHIM, DANIEL**  
STREET ADDRESS **37 PAMCREST DRIVE**  
CITY-ST-ZIP **NORTH YORK, ONTARIO CANADA M2M 2M2**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

**SIGNATURE Daniel Chim**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**January 21, 2003**

**(905) 474-0710**

Date

Daytime Phone #

CR2E034 (10/02)