

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90180 020 ***150.00

DOCUMENT # P00000082982

1. Entity Name
ASAHI INTERNATIONAL, INC.



Principal Place of Business
**19830 N.W. 9 DRIVE
PEMBROKE PINES FL 33029**

Mailing Address
**19830 N.W. 9 DRIVE
PEMBROKE PINES FL 33029**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1045947**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**DELGADO, ALFRED
19830 N.W. 9 DRIVE
PEMBROKE PINES FL 33029**

7. Name and Address of New Registered Agent

Name
ANDRES A. DELGADO

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

19830 NW 9TH DR.

City

PEMBROKE PINES

FL

Zip Code

33029

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

2/10/03

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	P	<input type="checkbox"/> Delete
NAME	DELGADO, ALFRED	
STREET ADDRESS	19830 N.W. 9 DRIVE	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DELGADO, ALEXANDER	
STREET ADDRESS	19830 N.W. 9 DRIVE	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE	S	<input type="checkbox"/> Delete
NAME	DELGADO, JULIA	
STREET ADDRESS	19830 N.W. 9 DRIVE	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE	T	<input type="checkbox"/> Delete
NAME	DELGADO, ENRIQUE	
STREET ADDRESS	19830 N.W. 9 DRIVE	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	DELGADO, ANDRES	
STREET ADDRESS	2971 PLAZA DEL AMO #253	
CITY-ST-ZIP	TORRANCE CA 90503	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDRES A. DELGADO	
STREET ADDRESS	19830 NW 9TH DR.	
CITY-ST-ZIP	PEMBROKE PINES, FL 33029	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALFRED DELGADO	
STREET ADDRESS	19830 NW 9TH DR.	
CITY-ST-ZIP	PEMBROKE PINES, FL 33029	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED 2/10/03

Date

Daytime Phone #

954 438-3856

CR2E034 (10/02)