FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 12, 2004 8:00 am
Secretary of State
01-12-2004 90025 006 ***158.75

DOCUMENT # P01000079655

1. Entity Name
Dorem: USA, Inc.

DO NOT WRITE IN THIS SPACE

24001096

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2. Principal Place of Business	3. Mailing Address
7596 St. Stephens Ct	5036 Dr. Phillips Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc. 288
City & State: Orlando FL	City & State: Orlando, FL
Zip: 32835 Country: Orange	Zip: 32819 Country: Orange

4. FEI Number: 59 3735837 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Peter C Pappas

Street Address (P.O. Box Number is Not Acceptable):
225 E Robinson St #540

City: Orlando **FL** Zip Code: 32801

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: Yohei Mase 1/9/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

~~January 1 - May 1 Fee is $150.00~~
After May 1, Fee is $550.00
Amended UBR is $61.25
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	President
NAME	Yohei Mase
STREET ADDRESS	5036 Dr. Phillips Blvd #288
CITY-ST-ZIP	Orlando FL 32819

CR2E034B (12/02)

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Yohei Mase
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #