

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000094286

1. Entity Name
TOYO-SHOKAI LIMITED, INC.



FILED

03 NOV 26 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
7 N.W. 2ND STREET, SUITE 218
MIAMI, FL 33128

Mailing Address
7 N.W. 2ND STREET, SUITE 218
MIAMI, FL 33128

2. Principal Place of Business
SAME AS ABOVE

3. Mailing Address
SAME AS ABOVE



☐ CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-1140068

Applied For
Not Applicable

Zip Country

DADE

Zip Country

DADE

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

6. Name and Address of Current Registered Agent

ALLEN, BLANDEL
7 N.W. 2ND STREET, SUITE 218
MIAMI, FL 33128

7. Name and Address of New Registered Agent

Name BLANDEL ALLEN

Street Address (P.O. Box Number is Not Acceptable)
7 NW 2ND ST., SUITE 218

City MIAMI

FL Zip Code
33128

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 name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when changing)

DATE

11/21/2003

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	MD	☒ Delete
NAME	ALLEN, BLANDEL	
STREET ADDRESS	14425 NE 6 AVE, APT. 320	
CITY-ST-ZIP	MIAMI, FL 33161	
TITLE	D	☒ Delete
NAME	ALLEN, PEAT	
STREET ADDRESS	8530 NW 191 ST, LANE	
CITY-ST-ZIP	MIAMI, FL 33016	
TITLE	Director	☐ Delete
NAME	Philip NG	
STREET ADDRESS	7 NW 2nd St, Suite 218	
CITY-ST-ZIP	Miami Fl 33128	
TITLE	Director	☐ Delete
NAME	Daisy Allen	
STREET ADDRESS	7 NW 2nd Street Suite 218	
CITY-ST-ZIP	Miami Fl 33128	
TITLE	Director	☐ Delete
NAME	Blandel Allen	
STREET ADDRESS	7 NW 2nd Street Suite 218	
CITY-ST-ZIP	Miami Fl 33128	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS	200025043872	
CITY-ST-ZIP	11/26/03--01005--003 **61.25	
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 filers empowered.

SIGNATURE: Blandel Allen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/21/2003 (305) 523-2258

CR2E034 (10/02)