**FILED** 

04-25-2003 90162 044 \*\*\*150.00

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

## P23410 **DOCUMENT #**

1. Entity Name

| AIVIERICA                                                                             | IN SUZUKI MOTUR CORP                                                                            | ORATION                                                                   |                        |                                                    | 9                           |                                                         |                |                              |  |
|---------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|------------------------|----------------------------------------------------|-----------------------------|---------------------------------------------------------|----------------|------------------------------|--|
| Principal Place of Business<br>3251 EAST IMPERIAL HIGHWAY<br>BREA CA 92821-6722<br>US |                                                                                                 | Mailing Address<br>3251 EAST IMPERIAL HIGHWAY<br>BREA CA 92821-6722<br>US |                        |                                                    |                             |                                                         |                |                              |  |
| 2. Principal f                                                                        | Place of Business                                                                               | 3. Mailing Address                                                        |                        |                                                    | $\dashv$                    |                                                         | 6/6/1 8/6/1 6/ | IBIL OLON IBOL               |  |
| Suite, Apt. #, etc.                                                                   |                                                                                                 | Suite, Apt. #, etc.                                                       |                        |                                                    | $\dashv$                    | ☐ CHECK HERE IF MAKING                                  | CHANGES        |                              |  |
| City & State                                                                          |                                                                                                 | City & State                                                              |                        |                                                    | 4.                          | 4. FEI Number 93-0928739 Applied For Not Applicable     |                |                              |  |
| Zip                                                                                   | Country                                                                                         | Zip                                                                       | Coun                   | try                                                | 5.                          |                                                         | 8.75 Add       | ditional                     |  |
|                                                                                       | 6. Name and Address of Curren                                                                   | t Registered Agent                                                        |                        |                                                    | 7. ]                        | Name and Address of New Registered A                    |                | <u> </u>                     |  |
|                                                                                       |                                                                                                 |                                                                           |                        | _Name                                              | _ ثني - تيعت                |                                                         |                |                              |  |
| CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD                                        |                                                                                                 |                                                                           |                        | Street Address (P.O. Box Number is Not Acceptable) |                             |                                                         |                |                              |  |
|                                                                                       |                                                                                                 |                                                                           |                        |                                                    |                             |                                                         |                |                              |  |
| PLANTATION FL 33324                                                                   |                                                                                                 |                                                                           |                        |                                                    |                             |                                                         |                |                              |  |
|                                                                                       |                                                                                                 |                                                                           |                        | City                                               |                             | FL                                                      | Zip Code       | e                            |  |
|                                                                                       | e named entity submits this statement to<br>tions of registered agent.                          | for the purpose of changin                                                | ng its registere       | ed office or regis                                 | tered ag                    | gent, or both, in the State of Florida. I am fa         | miliar with,   | and accept                   |  |
| SIGNATURE                                                                             | Signature, typed or printed name of registered ager                                             | at and title if applicable.                                               | (NOTE: Registered      | d Agent signature requi                            | ired when re                | einstating) DATE                                        |                |                              |  |
| Afte                                                                                  | FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 k Payable to Florida Department |                                                                           |                        |                                                    |                             | 9. Election Campaign Financing Trust Fund Contribution. |                | <b>0</b> May Be<br>I to Fees |  |
| 10.                                                                                   | OFFICERS AND                                                                                    | DIRECTORS                                                                 | 11.                    |                                                    | AC                          | DDITIONS/CHANGES TO OFFICERS AND I                      | DIRECTORS      | S IN 11                      |  |
| TITLE NAME STREET ADORESS CITY-ST-ZIP                                                 | P<br>Suzuki, Ryosaku<br>3251 E. imperial Hwy.<br>Brea Ca 92821                                  | ☐ Delete                                                                  |                        |                                                    |                             |                                                         | Change         | ☐ Addition                   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                 | TS<br>AYUKAWA, KENICHI<br>3251 E IMPERIAL HWY<br>BREA CA                                        | Delete                                                                    |                        | ET ADDRESS ST-ZIP                                  | 5<br>CUZUI<br>3251<br>BRZZA | KI, SHINGBU<br>E, IMPBUM HUY<br>CA 928-1                | Change         | Addition                     |  |
| TITLE NAME - STREET ADDRESS-                                                          | V<br>MIYASHITA, TAKESHI<br>3251-E-IMPERIAL-HWY                                                  | ☐ Delete                                                                  | TITLE<br>NAME<br>STREE |                                                    |                             |                                                         | Change         | Addition                     |  |
| CITY-ST-ZIP                                                                           | BREA CA                                                                                         |                                                                           | CITY                   | ST-ZIP                                             |                             |                                                         |                |                              |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                 | V<br>ANDERSON, GARY<br>3251 E. IMPERIAL HWY.<br>BREA CA 92821                                   | ☐ Delete                                                                  |                        |                                                    |                             |                                                         | ☐ Change       | ☐ Addition                   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                 | VP<br>TANAKA, HIDEAKI<br>3251 E. IMPERIAL HWY.<br>BREA CA 92821                                 | ☐ Delete                                                                  |                        |                                                    |                             | I                                                       | Change         | ☐ Addition                   |  |
| TITLE NAME STREET ADDRESS                                                             | V<br>HARRIS, MELVIN<br>3251 E. IMPERIAL HWY.                                                    | ☐ Delete                                                                  | TITLE                  |                                                    |                             |                                                         | Change         | ☐ Addition                   |  |

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

CITY-ST-ZIP

SIGNATURE:

**BREA CA 92821** 

CITY-ST-ZIP