2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2000 8:00 am
Secretary of State
04-04-2000 90040 037 ***150.00

DOCUMENT # P93000041824

1. Entity Name
SJ BOCA RATON FOOD INC.

Principal Place of Business	Mailing Address
6299 WEST SUNRISE BLVD. STE. 207A SUNRISE FL 33313	% SAKKIO JAPAN 95 ROYAL CT. UNIT 5 MARKHAM. ONTARIO CA L3R9X

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Town Center at Boca Raton		95 Royal Crest Court	
Suite, Apt. #, etc. 506 Town Center		Suite, Apt. #, etc. Unit #5	
City & State Boca Raton, FL		City & State Markham, Ontario	
Zip 33431	Country USA	Zip L3R 9X5	Country Canada

4. FEI Number 65-0426282 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CHOMPONICH, EDDY M
11803 N.W. 13TH ST
PEMBROKE PINES FL 33026

7. Name and Address of New Registered Agent

Name Richard Ko
Street Address (P.O. Box Number is Not Acceptable) 6326 Grand Bahama Circle, Suite G
City Tampa **FL** Zip Code 33615

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.

SIGNATURE Richard Ko [signature] Mar 20, 2000
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CHOMPOONICH, EDDY 11803 NW 13TH ST. PEMBROKE PINES FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Richard Ko 6326 Grand Bahama Circle, Suite G Tampa, FL 33615	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD CHIM, DANIEL 16 PERDUE CT. MARKHAM ON	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED [signature] Daniel Chim Mar 20, 2000 905-474-0710
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)