2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 26, 2001 8:00 am Secretary of State DOCUMENT # **P94000038499** SJ CLEARWATER FOOD INC. 03-26-2001 90168 019 ***150.00 Mailing Address Principal Place of Business SAKKIO JAPAN C/O ROYAL CREST COURT SAKKIO JAPAN, CLEARWATER MALL 20505 US HIGHWAY 19 NORTH. SUITE 152 HNIT 5 10028732MARKHAM, ONTARIO CANADA L3R -9X5 CLEARWATER FL 34624 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3388787 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KO, RICHARD Street Address (P.O. Box Number is Not Acceptable) 6326 GRAND BAHAMA CIRCLE STE G **TAMPA FL 33615** Zip Code City FL 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. MARCH 16, 2001 RICHARD KO SIGNATURE (NOTE: Registered Agent signature required when reinstaling) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Delete TITLE TITLE KO, RICHARD NAME NAME STREET ADDRESS 6326 GRAND BAHAMA CIRCLE STE G STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33615** ☐ Addition ☐ Change Delete TITLE **VSD** TITLE NAME CHIM, DANIEL NAME STREET ADDRESS STREET ADDRESS 16 PERDUE COURT CITY-ST-ZIP MARKHAM, ONTARIO CANADA L3R -8T2 CITY-ST-ZIP Addition TITLE Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 accuracy, with all other like empowered.

905-474-0710 MARCH 16, 2001 DANIEL CHIM SIGNATURE: NO-TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR