2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P95000032282** May 09, 2000 8:00 am Secretary of State SJ AVENTURA FOOD INC. 05-09-2000 90056 001 ***150.00 Principal Place of Business Mailing Address SARKU JAPAN SARKU JAPAN 19757 BISCAYNE BLVD., #1421 19575 BISCAYNE BLVD., #1421 NORTH MIAMI BEACH FL 33180-2316 NORTH MIAMI BEACH FL 33180 3. Mailing Address 2. Principal Place of Business 95 Royal Crest Court Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Unit #3 City & State Markham, Ontario 4. FEI Number Applied For City & State NOT APPLICABLE Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired L3R 9X5 Fee Required Canada 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name <u>Pauline Ko 🥆</u> CHOMPOONICH, EDDY MR. Street Address (P.O. Box Number is Not Acceptable) 6326 GRAND BAHAMA CIRCLE 6326 Grand Bahama Circle, Suite G APT. G **TAMPA FL 33615** City Tampa 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. Pauline Ko 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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. **PSD** ☐ Addition CR2E034 (9/99) Change ☐ Delete TITLE TITLE PANG. ALEX NAME NAME 9 HIGHBRIDGE RD, RICHMOND HILL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ONT CA ☐ Addition Change ☐ Delete TITLE 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-ZIE ☐ Addition TITLE ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change □ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

I hereby certify that the information supplied w this filing does not qualify fo the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report of the corporation or the receiver or trustee engineers. is true and accurate and that gowered to execute this repor hy signature shall have the same legal effect as if made under oath; that I am an officer or director t 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

SIGNATURE:

Alex Pang

Mar 20,2000

905-474-0710

Daytime Phone #