

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 19, 2003 8:00 am**  
**Secretary of State**

02-19-2003 90022 002 \*\*\*150.00

**DOCUMENT # P95000032282**

1. Entity Name  
**SJ AVENTURA FOOD INC.**



Principal Place of Business  
**SARKU JAPAN**  
**19575 BISCAYNE BLVD.**  
**NORTH MIAMI BEACH FL 33180**  
**US**

Mailing Address  
**SARKU JAPAN**  
**19575 BISCAYNE BLVD.**  
**NORTH MIAMI BEACH FL 33180**  
**US**

2. Principal Place of Business

3. Mailing Address

**Sarku Japan**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**7650 Birchmount Road**

City & State

City & State  
**Markham, Ontario**

Zip

Country

Zip

Country

**L3R 6B9**

**Canada**

6. Name and Address of Current Registered Agent

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



**KO, PAULINE**  
**6326 GRAND BAHAMA CIRCLE**  
**APT. G**  
**TAMPA FL 33615**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**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

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PSD**  
**PANG, ALEX**  
**9 HIGHBRIDGE RD, RICHMOND HILL**  
**ONT CA**

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**KO, PAULINE**  
**6326 GRAND BAHAMA CIRCLE STE G**  
**TAMPA FL 33615**

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CR2E034 (10/02)

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 like empowered.

SIGNATURE:

**SIGNATURE REMIT PANG**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 5, 2003

Date

(905) 474-0710

Daytime Phone #