FILED
Sep 30, 2002 8:00 am
Secretary of State
09-03-2002 90163 048 ***150.00
09-30-2002 90176 009 ***400.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000066436

1. Entity Name
AZABU U.S.A., INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5045 Misty Morn Rd.
Suite, Apt. #, etc.
City & State
Palm Beach Gardens FL
Zip 33418 Country Palm Beach

3. Mailing Address
5045 Misty Morn Rd.
Suite, Apt. #, etc.
City & State
Palm Beach Gardens FL
Zip 33418 Country Palm Beach

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0690143 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Kwang-Seong Lim
Street Address (P.O. Box Number is Not Acceptable): 5045 Misty Morn Rd.
City: Palm Beach Gardens FL Zip Code 33418

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 _____ 8/19/02
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) ☐

January 1 thru May 1 Fee is $150.00
After May 1 Fee is $300.00
Amended UBR is $61.25
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

TITLE	D
NAME	Kwang Seong Lim
STREET ADDRESS	5045 Misty Morn Rd.
CITY-ST-ZIP	Palm Beach Gardens FL 33418
TITLE	
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DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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

SIGNATURE: _____ 8/19/02
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date Daytime Phone #