

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.

3. Mailing Address

5045 Misty Morn Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm Beach Gardens FL

City & State

Palm Beach Gardens FL

Zip

33418

Country

Palm Beach

Zip

33418

Country

Palm Beach

4. FEI Number

65-0690143

Applied For

Not Applicable

5. Certificate of Status Desired: ☐

\$8.75 Additional
Fee Required

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

Signature, typed or printed name of registered agent and date of filing.

(NOTE: Registered Agent signature required when submitting)

8/19/02

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so: ☐

January 1, May 1, or October 1, 2002
After May 1, Fee is \$500.00
After October 1, Fee is \$600.00
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

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
D	Kwang Seong Lim	5045 Misty Morn Rd.	Palm Beach Gardens FL 33418

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

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NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

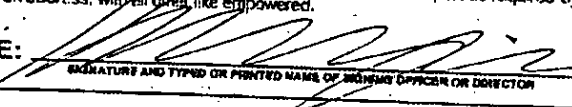
STREET ADDRESS

CITY-STATE-ZIP

**DO NOT WRITE
IN THIS SPACE**

CR20034B (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)(d), 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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/19/02

DATE

Do Not Print Name