

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90180 016 ***150.00

DOCUMENT # P97000086775

1. Entity Name
TERUMICHI INC.



Principal Place of Business
**7920 NW 21 STREET
MIAMI FL 33122**

Mailing Address
**7920 NW 21 STREET
MIAMI FL 33122**

2. Principal Place of Business
8590 N.W. 72nd STREET

3. Mailing Address
8590 N.W. 72nd STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI, FLORIDA

MIAMI, FLORIDA

Zip
33166

Country
MIAMI-DADE

Zip
33166

Country
MIAMI-DADE

4. FEI Number
65-0786923

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ABDALLA, EVELINE
9487 NW 12 STREET
MIAMI FL 33172**

Name

Street Address (P.O. Box Number is Not Acceptable)
8590 N.W. 72nd STREET

MIAMI

FL

Zip Code
33166

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 **PSD** ☐ Delete
NAME **ABDALLA, EVELINE**
STREET ADDRESS **7920 NW 21 STREET**
CITY-ST-ZIP **MIAMI FL 33122**

TITLE ☒ Change ☐ Addition
NAME **8590 N.W. 72nd STREET**
STREET ADDRESS **MIAMI, FL 33166**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **SHIRLEY, CINTIA**
STREET ADDRESS **7920 NW 21 STREET**
CITY-ST-ZIP **MIAMI FL 33122**

TITLE ☒ Change ☐ Addition
NAME **8590 N.W. 72nd STREET**
STREET ADDRESS **MIAMI, FL 33166**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)