

FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # P98000070917

D3 APR 21 AMID: I.C

1. Entity Name Nisei International Company			SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address			80001813 04/17/03010090	30278 310 **150.00
62 Indian Trace # 140 62 Indian Tr Suite, Apt. #. etc. Suite, Apt. #. etc.		race 4 140	DO NOT WRITE IN THIS	S SPACE
City & State Weston , FI Zin Country	City & State Weston +1	Country	4. FEI Number 65 - 0866663	Applied For Not Applicable \$8.75 Additional
33326 ÜSA	33376	^c vsa 1	Certificate of Status Desired Ame and Address of Current Register	Fee Required
DO NOT WRITE IN THIS SPACE 1486 barcelona Way Weston				L 7833327
8. The above named entity submits this statument for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Superior typical range of registered agent uniffer it applicable. Registered Agent 03/01/03 OATE				
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and efects to do so. (See criteria on back)	After May 1	Fee is \$550.00 UBR is \$61.25 e to Department of St	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
11. OFFICERS AND THE PD NAME STREET ADDRESS CITY ST-ZIP Weston F1 333327	DIRECTORS	-TIFLE - NAME SIRET AUDRESS CDY: STIZIP		0348 (12/01)
HILE NAME STREET ABORESS CITY-ST-71P Weston, FI 33327		NAME STREET ADDRESS CITY ST. ZR.		CR2E034B
E EET AUDRESS		NAME STREET ADDRESS CITY: ST-21P	DO NOT WR	the second second section is a second
TITLE FRAME STREET ADDRESS CITY-ST-ZIP		MAME STREET ADDRESS CITY: ST. 21P	IN THIS SPA	(GE
TITLE NAME STRICET ADDRESS CITY' ST-ZIP		HAME STRICT ADDRESS CITY-ST ZIP		
TITLE NAME SURFET ADDRESS CITY-ST-2IP	the subject of the su			

13. Thereby 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 paper or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under early; 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.

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR