2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State
01-19-2000 90293 011 ***158.75

DOCUMENT # P98000088580

1. Entity Name

MYM INTERNATIONAL INC.

Principal Place of Business	Mailing Address
2911 CENTER POINT CIRCLE BLDG. #3 POMPANO BEACH FL 33064	% ASKA COMMUNICATION CORP. 2911 CENTER PORT CIRCLE POMPANO BEACH FL 33064-2105

A000744O

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2911 Center Port Circle	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pompano Beach, FL	City & State:
Zip: 33064-2105 Country:	Zip: Country:

4. FEI Number 65-0873396 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NIGORIKAWA, TOSHI 3540 NW 56TH ST FORT LAUDERDALE FL 33309	Name: NIGORIKAWA, TOSHI Street Address (P.O. Box Number is Not Acceptable): 2911 CENTER PORT CIRCLE City: Pompano Beach **FL** Zip Code: 33064-2105

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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NIGORIKAWA, TOSHIHIKO 12200 CLASSIC DR. CORAL SPRINGS FL 33071 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: T. Nigorikawa, Pres. 1/11/00 954 785 0200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #