

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90014 042 ***158.75

0128402

DOCUMENT # P98000088580

1. Entity Name

MYM INTERNATIONAL INC.

Principal Place of Business

**2911 CENTER POINT CIRCLE
POMPANO BEACH FL 33064**

Mailing Address

**% ASKA COMMUNICATION CORP.
2911 CENTER PORT CIRCLE
POMPANO BEACH FL 33064**

150400



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2911 Center Port Circle

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Pompano Beach FL 33064

City & State

4. FEI Number

65-0873396

Applied For

Not Applicable

Zip

Country

Zip

Country

33064

USA

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
29CENTER PORT CIRCLE
FORT LAUDERDALE FL 33309**

Name

NIGORIKAWA, TOSHI (same, address correction)

Street Address (P.O. Box Number is Not Acceptable)

2911 Center Port Circle

City

Pompano Beach

FL

Zip Code

33064

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

T. Nigorikawa, Pres.

3/19/2001

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) ☐

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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 ☐ Delete
P NIGORIKAWA, TOSHIHIKO
STREET ADDRESS **12200 CLASSIC DR.**
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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

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.

March 19, 2001

(954) 785-0200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)