2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2000 8:00 am
Secretary of State
06-05-2000 90023 033 ***150.00

DOCUMENT # P99000026502

1. Entity Name
CERTAIN INTERNATIONAL COMPANY

Principal Place of Business	Mailing Address
1677 NW 91ST. AVE Apt. 6-31 Coral Springs FL, 33071	1677 NW 91ST AVE Apt. 6-31 Coral Springs FL 33071

00059389

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1677 NW 91 ST AVE	1677 NW 91ST AVE
Suite, Apt. #, etc. 6-31	Suite, Apt. #, etc. 6-31
City & State Coral Springs, FL	City & State Coral Springs, FL
Zip 33071 Country USA	Zip 33071 Country USA

4. FEI Number 65-0904992 ☐ 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
JUAN CARLOS CERTAIN 1677 NW 91 st AVE Apt 6-31 Coral Springs FL 33071	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 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, 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	PRESIDENT JUAN CARLOS CERTAIN 1677 NW 91 ST AVE APT 6-31 CORAL SPRINGS FL 33071 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER ANDRES KEN SHUYAMA 1677 NW 91 ST AVE APT 6-31 CORAL SPRINGS FL 33071 ☐ 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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CR2E034 (9/99)

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: Andrés Ken Shuyama ANDRES KEN SHUYAMA 954 575 9049
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #