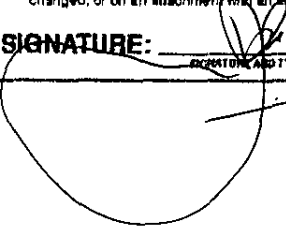


FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90737 023 ***150.00

2003 FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000052275			
1. Entity Name TRANSPACIFIC USA, INC.			
Principal Place of Business C/O MICHAEL WEISS & ASSOCIATES, P.A. 1401 BRICKELL AVE., SUITE 300 MIAMI, FL 33131		Mailing Address C/O MICHAEL WEISS & ASSOCIATES, P.A. 1401 BRICKELL AVE., SUITE 300 MIAMI, FL 33131	
2. Principal Place of Business		3. Mailing Address	
Name, Apr. 8, 1999:		Name, Apr. 8, 1999:	
City & State		City & State	
Zip	Country	Zip	Country
4. FFI Number 65-0838767		5. Certificate of Status Desired ☐ 88.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WEISS, MICHAEL N MICHAEL WEISS & ASSOCIATES, P.A. 1401 BRICKELL AVE., SUITE 300 MIAMI, FL 33131			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Information 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. 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 removing) DATE			
9. Election Campaign Financing Trust Fund Contribution ☐ 85.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			
TITLE	D	☐ Delete	
NAME	CHUA, ELEANOR		
STREET ADDRESS	PO BOX 663733 C/O ASP COLTNG SERVICES		
CITY-ST-ZIP	MIAMI, FL 332663733		
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	☒ Change ☐ Addition	
NAME	CHUA ELEANOR		
STREET ADDRESS	2383 STONEY GLEN DRIVE, ORANGE PARK		
CITY-ST-ZIP	FL 32003	☐ Change ☐ Addition	
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change ☐ Addition	
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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like information.			
SIGNATURE:  1 APRIL 2003 9042155816			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			