

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000005748

1. Entity Name

NEW JAS INT'L INC.

Principal Place of Business

1830 205TH ST
TORRANCE CA 90501
US

Mailing Address

1830 205TH ST
TORRANCE CA 90501-1509
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-2900579

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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST.
STE. 105
TALLAHASSEE FL 32301

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
CD
GOSHI KIRIMOTO
7-2-10-AKASAKA, MINATOKU
TOKYO 107 JA ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
KIKUCHI, SAKUO
27002 SPRINGCREEK ROAD
RANCHO PALOS VERDES CA 90274 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
KIKUCHI, SAKUO
200 RIVERSIDE BOULEVARD APT.#410
NEW YORK-NY 10023 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVS
KIKUCHI, SAKUO
27002 SPRINGCREEK ROAD
RANCHOS PALOS VERDES CA 90274 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
IWASAKI, YUJI
9 PEPPERDAY AVE
PORT WASHINGTON NY ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
FUJITA, MINORU
2527 W ARTESIA BLVD
TORRANCE CA 90504 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
FUJITA, MINORU
2971 PLAZA DEL AMO #290
TORRANCE CA 90503 ☒ Change ☐ Addition

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:

Minoru Fujita
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MINORU FUJITA

01/14/00

Date

(310)787-6500

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)