

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90793 006 \*\*\*\*70.00

**DOCUMENT # 834583**

1. Entity Name

**SOKA GAKKAI INTERNATIONAL - USA, INCORPORATED**

Principal Place of Business

Mailing Address

525 WILSHIRE BLVD  
 SANTA MONICA CA 90406

20000 SW 36TH STREET  
 FT. LAUDERDALE FL 33332-1929  
 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

**95-2265667**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SAKURAI, HARRY**  
**1209 FALLS BLVD**  
**WESTON FL 33327**

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

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	KATO, JAMES Y	
STREET ADDRESS	614 4TH ST	
CITY-ST-ZIP	SANTA MONICA CA	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	SASAKI, RICHARD	
STREET ADDRESS	12030 LAMANDA ST	
CITY-ST-ZIP	LOS ANGELES CA	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KASAHARA, DAVID	
STREET ADDRESS	36-35 30TH ST	
CITY-ST-ZIP	LONG ISLAND CITY NY	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MCCLOSKEY, GUY	
STREET ADDRESS	4858 N. MARMORA	
CITY-ST-ZIP	CHICAGO IL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	NAKABAYASHI, FRANKLIN	
STREET ADDRESS	1127 10TH ST #203	
CITY-ST-ZIP	SANTA MONICA CA	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZAITSU, FRED	
STREET ADDRESS	34 DOVER PLACE	
CITY-ST-ZIP	MANHATTAN BEACH CA	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 reports 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 617, 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 empowered.

SIGNATURE: *Harry Sakurai* Harry Sakurai

4/26/00

(954) 349-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)