

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 20, 2001 08:00 AM
Secretary of State

DOCUMENT # L14858

1. Entity Name
KOJIMA TRADING, INC.

Principal Place of Business 10111 PINES BLVD PEMBROKE PINES 33026 US FL	Mailing Address 321 NW 156TH LANE 5Q PEMBROKE PINES 33028 US FL
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2. Principal Place of Business 8007 N. SAVANNAH CIRCLE	3. Mailing Address 8007 N. SAVANNAH CIRCLE
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State DAVIE FL	City & State DAVIE FL
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Zip 33328	Country US	Zip 33328	Country US
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4. FEI Number 65-0147934	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KAZUAKI, KOJIMA
 321 NW 156TH LANE
 PEMBROKE PINES 33028
 US FL

7. Name and Address of New Registered Agent

Name
KOJIMA KAZUAKI P

Street Address (P.O. Box Number is Not Acceptable)
8007 N. SAVANNAH CIRCLE

City
DAVIE FL Zip Code
33328

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 **KAZUAKI KOJIMA**

02/20/2001

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			
TITLE	S	<input checked="" type="checkbox"/> Delete	
NAME	FUCHIMOTO KAZUMI		
STREET ADDRESS	8007 N SAVANNAH CIRCLE		
CITY-ST-ZIP	DAVIE FL 33328		
TITLE	D	<input checked="" type="checkbox"/> Delete	
NAME	FUCHIMOTO SHINTARO		
STREET ADDRESS	8007 N SAVANNAH CIRCLE		
CITY-ST-ZIP	DAVIE FL 33328		
TITLE	D	<input type="checkbox"/> Delete	
NAME	AMO YOKO		
STREET ADDRESS	321 NW 156TH LANE		
CITY-ST-ZIP	PEMBROKE PINES FL 33028		
TITLE	P	<input type="checkbox"/> Delete	
NAME	KAZUAKI, KOJIMA		
STREET ADDRESS	321 NW 156TH LANE		
CITY-ST-ZIP	PEMBROKE PINES FL		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
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	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	AMO YOKO D		
STREET ADDRESS	8007 N. SAVANNAH CIRCLE		
CITY-ST-ZIP	DAVIE FL 33328		
TITLE	P	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KOJIMA KAZUAKI P		
STREET ADDRESS	8007 N. SAVANNAH CIRCLE		
CITY-ST-ZIP	DAVIE FL 33328		
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			

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: **KAZUAKI KOJIMA**

P

02/20/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)