

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L60303

1. Entity Name

KURAMO (USA), INC.

**FILED**  
**Mar 07, 2000 8:00 am**  
**Secretary of State**

03-07-2000 90071 033 \*\*\*150.00

Principal Place of Business

Mailing Address

LYONS RD  
COCONUT CREEK FL 33073

6601 LYONS RD  
B-7  
COCONUT CREEK FL 33073-3605  
US

2. Principal Place of Business

662 S. MILITARY TRAIL  
Suite, Apt. #, etc.

3. Mailing Address

662 S. MILITARY TRAIL  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
DEERFIELD BEACH FL  
Zip  
33442  
Country  
USA

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DEERFIELD BEACH, FL  
Zip  
33442  
Country  
USA

4. FEI Number  
65-0216532

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

W O ODULATE  
6601 LYONS RD  
SUITE B-7  
COCONUT CREEK FL 33073

Name

Street Address (P.O. Box Number is Not Acceptable)

662 S. MILITARY TRAIL

City

DEERFIELD BEACH

FL

Zip Code

33442

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  
DC  
ODULATE, WILBERFORCE O.  
3693 NE 208 TERRACE  
MIAMI FL

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

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☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)