## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # **P15975** Apr 17, 2000 8:00 am Secretary of State SPORTS SHINKO (FLORIDA) CO., LTD. 04-17-2000 90021 020 \*\*\*150.00 Mailing Address Principal Place of Business %C T CORPORATION SYSTEM %C T CORPORATION SYSTEM 3200 STATE ROAD 546 3200 STATE ROAD 546 GRENELEFE FL 33844-9720 GRENELEFE FL 33844 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 51-0302824 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 · OFFICERS AND DIRECTORS 12. 11. Change Addition TITLE ☐ Delete TITLE NAME NAME FUKUDA. TSUGIO STREET ADDRESS STREET ADDRESS #4-12 MANZAI-CHO CITY-ST-ZIP CITY-ST-ZIP OSAKA, JAPAN ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME KINOSHITA, TAKESHI NAME STREET ADDRESS STREET ADDRESS #4-12 MANZAI-CHO CITY-ST-ZIP CITY-ST-ZIP OSAKA, JAPAN ☐ Addition ☐ Delete TITLE - - Change TITLE KINOSHITA, TOSHIO NAME NAME STREET ADDRESS #4-12 MANZAI-CHO STREET ADDRESS CITY-ST-ZIP OSAKA, JAPAN CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE KARST, MANDY NAME NAME STREET ADDRESS STREET ADDRESS 3200 STATE ROAD 546 CITY-ST-ZIP CITY-ST-ZIP GRENELEFE FL **XX**Change ☐ Addition Delete TITLE TITLE LEEDKE, DOUG AUDRAN, DOMINIQUE J NAME NAME 3200 S.R. 546 3200 STATE ROAD 546 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GRENELEFE, FL CITY-ST-ZIP GRENELEFE FL ☐ Change Addition **区** Delete TITLE TITLE YAMAMOTO, IWANE NAME NAME STREET ADDRESS STREET ADDRESS #41-21 MANZAI-CHO CITY-ST-ZIP CITY-ST-ZIP OSAKA JA

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 procupe 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 appears empowered. changed, or on an attachment with an address, with all embowered.

AME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: \_

Daytime Phone \*