

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 11, 2000 8:00 am
Secretary of State

06-02-2000 90007 005 ***150.00

DOCUMENT # P99000001000

1. Entity Name

JAPAN-FLORIDA GROUP, INC.

Principal Place of Business 4554 S SEMORAN BLVD ORLANDO, FL 32822 USA	Mailing Address 4554 S SEMORAN BLVD ORLANDO, FL 32822 USA
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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 59-3554727	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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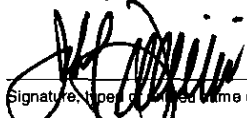
6. Name and Address of Current Registered Agent

**GLORIA ROA BODIN, P.A.
2100 PONCE DE LEON BLVD, SUITE 920
CORAL GABLES, FL 33134**

7. Name and Address of New Registered Agent

Name
JOHNNY TSIMOGIANNIS
 Street Address (P.O. Box Number is Not Acceptable)
770 PONCE DE LEON BLVD, SUITE 210
 City
CORAL GABLES **FL** Zip Code
33134

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  **JOHNNY TSIMOGIANNIS** **07/05/00**

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. ☐	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
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P,V,T,S KOJIMA, MINORI 4554 S SEMORAN BLVD ORLANDO, FL 32822 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KOJIMA, MINORI 4554 S SEMORAN BLVD ORLANDO, FL 32822 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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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:  **MINORI KOJIMA, PRESIDENT** **07/05/00** **407-281-0775**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

106697

DO NOT WRITE IN THIS SPACE