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2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 22, 2001 8:00 am Secretary of State

04/29/01 305-444-2445

Daytime Phone #

DOCUMENT # p9900001000 1. Entity Name			U	05-22-2001 90032 008 ***150.00		
JAPAN-F	LORIDA GROUP, INC	•				
Principal Plac	ce of Business	Mailing Address				
4554 SOUTH SEMORAN BLVD 4554 SOUTH SE ORLANDO, FL 32822 ORLANDO, FL			EMORAN BLVD 32822			
Principal Place of Business			1 1 0 1	659644		
		770 Ponce d Suite, Apt. #, etc.	le leun Blud	DO NOT WR	DO NOT WRITE IN THIS SPACE	
City & State		Sinte 210 Gity & State Calder, Pa		4. FEI Number	Applied For	
		Wal bass		59-3554727	Not Applicable	
Zip	Country	21P33134	45A	5. Certificate of Status Desired	Fee Required	
	6. Name and Address of Current	Registered Agent	Mama	7. Name and Address of New	Registered Agent	
			Name			
	TSIMOGIANNIS CE DE LEON BLVD, :	211TMW 210	Street Addres	ss (P.O. Box Number is Not Accept	able)	
		5011E 210				
CORAL GABLES, FL 33134			City	City FL Zip Code		
Tax filing re	Signature, typed or printed name of regist reation is eligible to satisfy its Intangible equirement and elects to do so.	re FILE NOW!	NOTE: Registered II FEE IS \$150.00 D1 Fee will be \$550.0 le to Department of		inancing \$5.00 May Be on. Added to Fees	
<u> </u>		_1		ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 11	
11.	OFFICERS AND D	DIRECTORS Delete	12.	ADDITIONS/CHANGES TO OFF	Change Addition	
TITLE NAME	KOJIMA, MINORI		NAME		C. C	
STREET ADDRESS	4554 SOUTH SEMORA	N BLVD	STREET ADDRESS			
CITY - ST - ZIP	ORLANDO, FL 3282		CITY - ST - ZIP			
TITLE	PVTS	Delete	TITLE		Change Addition	
NAME	KOJIMA, MINORI	_	NAME		J	
STREET ADDRESS	4554 SOUTH SEMORA		STREET ADDRESS CITY - ST - ZIP		· ·	
CITY - ST - ZIP	ORLANDO, FL 3282	2 Delete	TITLE		Change Addition	
TITLE NAME		L. Delete	NAME			
STREET ADDRESS			STREET ADDRESS		ļ	
CITY - ST - ZIP			CITY - ST - ZIP			
TITLE		Delete	TITLE		Change Addition	
NAME			NAME			
STREET ADDRESS			STREET ADDRESS CITY - ST - ZIP		•	
CITY - ST - ZIP					Change Addition	
title Name :		Delete	TITLE NAME		[
STREET ADDRESS			STREET ADDRESS			
CITY - ST - ZIP			CITY - ST - ZIP			
TITLE		Delete	TITLE		Change Addition	
NAME		_	NAME			
STREET ADDRESS			STREET ADDRESS			
CITY - ST - ZIP		·	CITY - ST - ZIP			
information officer or di	rtify that the information supplied with indicated on this report or suppleme irector of the corporation or the receiver supplements.	ental report is true and accu- ver or trustee empowered to	rate and that my signatu execute this report as r	ure shall have the same legal effect required by Chapter 607, Florida St	as if made under oath; that I am an I	

MINORI KOJIMA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR