2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

673063 **DOCUMENT #**

1. Entity Name

YAMAMOTO ENGINEERING CORPORATION



FILED May 05, 2003 8:00 am § Secretary of State

05-05-2003 90140 010 ***150.00

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Principal Place of Busines 12200 SW 89TH AVE. MIAMI FL 33176	35	Mailing Address 12200 SW 89TH AVE. MIAMI FL 33176		L LETTHE BUILD LEGEL WHILE BEING BUILD BUI
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES
City & State		City & State		4. FEI Number 59-2089878 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired
6. Nam	and Address of Current I	Registered Agent		7. Name and Address of New Registered Agent
			Name	
YAMAMOTO, TOKUO			Stroot Address	ss (P.O. Box Number is Not Acceptable)
12200 SW 89TH AVE			Street Addres	ss (P.O. Box Number is Not Acceptable)
SUITE A145				
MIAMI FL 33176			City	FL Zip Code
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. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10. QEFICERS AND D			11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE DPV	1 NO	☐ Delete	TITLE	☐ Change ☐ Addition
	ro, Joanná	L Delete	NAME	Change : Nation
	89TH AVE.		STREET ADDRESS	
CITY-ST-ZIP MIAMI FL	4		CITY-ST-ZIP	
TITLE ST		□ Delete	TITLE	☐ Change ☐ Addition
	ro, Joanna		NAME	
	89TH AVE.		STREET ADDRESS	
CITY-ST-ZIP MIAMI FL			CITY-ST-ZIP	المنطق براي المعرف
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
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NAME STREET ADDRESS			NAME	
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	•
			OH 1-SI-ZIF	

12. 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 teport 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

1 SIGNATURE EDQUITO Anna Yamamoto SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #