

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 737899

1. Entity Name

THE JAPAN-AMERICA SOCIETY OF SOUTH FLORIDA, INC.

Principal Place of Business

4000 MORIKAMI PARK ROAD  
DELRAY BCH FL 33446-2305

Mailing Address

4000 MORIKAMI PARK ROAD  
DELRAY BCH FL 33446-2305

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1720445

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ZWICK, EDWARD F.  
5355 TOWN CENTER ROAD STE 801  
BOCA RATON FL 33486

7. Name and Address of New Registered Agent

Name

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

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.

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 \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME MIHORI, JAMES  
STREET ADDRESS 4000 MORIKAMI PARK ROAD  
CITY-ST-ZIP DELRAY BEACH FL 33446-2305

TITLE VD ☐ Delete  
NAME GRIFFITH, WARLAND  
STREET ADDRESS 4000 MORIKAMI PARK ROAD  
CITY-ST-ZIP DELRAY BEACH FL 33446

TITLE VD ☐ Delete  
NAME SHAH, B  
STREET ADDRESS 4000 MORIKAMI PARK ROAD  
CITY-ST-ZIP DELRAY BEACH FL 33446

TITLE TD ☐ Delete  
NAME MIHORI, CHIEKO  
STREET ADDRESS 4000 MORIKAMI PARK ROAD  
CITY-ST-ZIP DELRAY BEACH FL 33446

TITLE SD ☐ Delete  
NAME LENTSCH, LORRAINE  
STREET ADDRESS 4000 MORIKAMI PARK RD  
CITY-ST-ZIP DELRAY BEACH FL 33446

TITLE D ☐ Delete  
NAME GRAHAM, KAZUKO  
STREET ADDRESS 4000 MORIKAMI PARK RD  
CITY-ST-ZIP DELRAY BEACH FL 33446

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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STREET ADDRESS  
CITY-ST-ZIP

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

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 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 617, 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:

SIGNATURE REQUIRED MIHORI, PRES

04-14-01

(561) 278-3614

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/3/00

CR2E037 (10/00)



DO NOT WRITE IN THIS SPACE