

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90215 021 ***150.00

DOCUMENT # 816282

1. Entity Name

KONICA GRAPHIC IMAGING INTERNATIONAL, INC

Principal Place of Business

71 CHARLES STREET
GLEN COVE NY 11542

Mailing Address

71 CHARLES STREET
GLEN COVE NY 11542

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 11-1718626

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOLBROOK, JEAN
1072 S. POWERLINE RD.
DEERFIELD BCH. FL 33442

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NAGATANI, TOSHIO 34A MADISON AVE DAYVILLE NY 11792	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BROOKS, CLAUDE 526 ALICIA DR WESTBURY NY 11590	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BROOKS, CLAUDE 526 ALICIA DR WESTBURY NY 11590	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCHUSTER, STEPHEN 23 WINFIELD DAVIS DRIVE CORAM NY 11727	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NISHIMURA, SHUNSUKE 12 BAR BEACH RD. PORT WASHINGTON NY 11050	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
48 PARK AVE OYSTER BAY, NY 11771	
SECRETARY NISHIMURA, SHUNSUKE 41 DEPAN AVE FLORAL PARK, NY 11001	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TREASURER NISHIMURA, SHUNSUKE 41 DEPAN AVE FLORAL PARK, NY 11001	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 DEPAN AVE FLORAL PARK, NY, 11001	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Shunsuke Nishimura SHUNSUKE NISHIMURA

Date

Daytime Phone #

Apr 4, 2001 516-674-2676

CR2E034 (10/00)