

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91566 037 \*\*\*150.00

**DOCUMENT #** F00000004650

**1. Entity Name**

HIRAMEKI INTERNATIONAL GROUP, INC.

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

2510 N.W. 97 Avenue

Suite, Apt. #, etc.

Suite 100

City & State

Miami, Florida

Zip

33172-1407

Country

USA

**3. Mailing Address**

c/o 1201 Brickell Avenue...

Suite, Apt. #, etc.

Suite 220

City & State

Miami, Florida

Zip

33131-3207

Country

USA

**4. FEI Number**

651023730

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75** Additional  
Fee Required

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IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name

Geoffrey M. Wayne

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

1201 Brickell Avenue, Suite 220

City

Miami

FL

Zip Code

33131-3207

**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) ☐

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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**

**TITLE** PC  
**NAME** Masato Someya  
**STREET ADDRESS** 1201 Brickell Avenue, Suite 220  
**CITY - ST - ZIP** Miami, FL 33131-3207

**TITLE** ST  
**NAME** Laviana Someya  
**STREET ADDRESS** 1201 Brickell Avenue, Suite 220  
**CITY - ST - ZIP** Miami, FL 33131-3207

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IN THIS SPACE**

**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 on an attachment with an address with all other like empowered.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #