

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000000194

1. Entity Name

~~MOMOKAWA SAKI, LTD., INC.~~ SakeOne Corporation

**FILED**  
**Mar 13, 2000 8:00 am**  
**Secretary of State**

03-13-2000 90016 017 \*\*\*158.75

Principal Place of Business

Mailing Address

820 ELM ST  
FOREST GROVE OR 97116  
US

820 ELM ST  
FOREST GROVE OR 97116-3041  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324

4. FEI Number

93-1075146

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

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

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, 2000 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

TITLE	D	<input type="checkbox"/> Delete
NAME	MURAI, TOHRU	
STREET ADDRESS	1 JUSAN-NICHIMACHI	
CITY-ST-ZIP	NACHINOHE, AOMORI 031 JAPAN	
TITLE	P	<input type="checkbox"/> Delete
NAME	FROST, GRIFFITH	
STREET ADDRESS	2258 NE JAMIE DRIVE	
CITY-ST-ZIP	HILLSBORO OR 97124	
TITLE	ST	<input type="checkbox"/> Delete
NAME	FROST, DAVID G	
STREET ADDRESS	1191 NE 3RD AVE.	
CITY-ST-ZIP	HILLSBORO OR 97124	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	TRAPP, LENNY	
STREET ADDRESS	6115 SE MAPLE STREET	
CITY-ST-ZIP	HILLSBORO OR 97123	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILLER, DONALD	
STREET ADDRESS	574 SE 28TH PLACE	
CITY-ST-ZIP	HILLSBORO OR 97123	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Timmons, Robert	
STREET ADDRESS	1335 SW 66th Ave Apt 301	
CITY-ST-ZIP	Portland, OR 97225	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LaGood, Jeffrey	
STREET ADDRESS	33100 SW Laurel Rd.	
CITY-ST-ZIP	Hillsboro, OR 97123	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nishiiri, Shigeo	
STREET ADDRESS	112 Kamiakedo, Kamikita-gun	
CITY-ST-ZIP	Momoishi-machi, Aomori Japan 039	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-3-00 (503) 357-7056

Date

Daytime Phone #

CR2E034 (9/99)