

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000003959

1. Entity Name

NISHIMOTO TRADING CO., LTD.

**FILED**  
**Feb 28, 2000 8:00 am**  
**Secretary of State**

02-28-2000 90183 009 \*\*\*150.00

Principal Place of Business

Mailing Address

3941 COMMERCE PARKWAY  
MIRAMAR FL 33025

3941 COMMERCE PARKWAY  
MIRAMAR FL 33025-3936

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

95-2101387

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

BRITO, LEONARD F PA  
8005 NW 155TH STREET  
SUITE B  
MIAMI FL 33016

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	PD	<input type="checkbox"/> Delete
NAME	HASHII, TAKEO	
STREET ADDRESS	6 AVENIDA DE OLMA	
CITY-ST-ZIP	RANCHO PALOS VERDE CA	
TITLE	VD	<input type="checkbox"/> Delete
NAME	NISHIHARA, SEIGO	
STREET ADDRESS	2349 W. 229TH ST.	
CITY-ST-ZIP	TORRANCE CA	
TITLE	STD	<input type="checkbox"/> Delete
NAME	KANAI, HIDEO	
STREET ADDRESS	16625 S. WILTON PLACE	
CITY-ST-ZIP	TORRANCE CA	
TITLE	CD	<input type="checkbox"/> Delete
NAME	SUSAKI, TATSUZO	
STREET ADDRESS	1422 SHIRONOMAE, MIKAGE-CHO	
CITY-ST-ZIP	HIGASHINADA-KU JAPAN	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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	
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

Date

Daytime Phone #

2-11-00 323-888-4100

CR2E034 (9/99)