

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000004853

1. Entity Name

SOKKIA CENTRAL & SOUTH AMERICA CORPORATION

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90421 002 \*\*\*150.00

Principal Place of Business

Mailing Address

1200 NW 78TH AVE  
MIAMI FL 33126  
US

1200 NW 78TH AVE  
109  
MIAMI FL 33126-1816  
US

2. Principal Place of Business

3. Mailing Address

1200 NW 78TH AVE  
Suite, Apt. #, etc.  
109

Suite, Apt. #, etc.

City & State  
MIAMI, FL.

City & State

4. FEI Number 48-1141424

Applied For  
Not Applicable

Zip Country  
33126 US

Zip Country

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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 ~ ~ ~ \$5.00 May Be  
Trust Fund Contribution. ☐ Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME YAMANAKA, EITOKU  
STREET ADDRESS 1200 NW 78 AVE, #109  
CITY-ST-ZIP MIAMI FL 33166

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

TITLE D ☐ Delete  
NAME ODA, TAKAYOSHI  
STREET ADDRESS 1-1 TOMIGAYA 1-CHOME  
CITY-ST-ZIP SHIBUYA-KU TOKYO 151 JAPAN

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

TITLE S ☐ Delete  
NAME MITSUHASHI, HITOSHI  
STREET ADDRESS 9111 BARTON  
CITY-ST-ZIP OVERLAND PARK FL 66201

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

TITLE D ☐ Delete  
NAME MITSUHASHI, HITOSHI  
STREET ADDRESS 9111 BARTON  
CITY-ST-ZIP OVERLAND PARK FL 66201

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

TITLE PD ☐ Delete  
NAME ELTOKU, YAMANAKA  
STREET ADDRESS 1200 NW 78TH AVE #109  
CITY-ST-ZIP MIAMI FL 33126

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

April 21, 2000 (305) 599-4701

Date

Daytime Phone #

CR2E034 (9/99)