

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000001121

1. Entity Name
OLIVER AMERICA INTERNATIONAL INC.

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90099 033 ***150.00

Principal Place of Business Mailing Address
PO BOX 6192 PO BOX 6192
DELRAY BEACH FL 33482-6192 DELRAY BEACH FL 33482-6192



DO NOT WRITE IN THIS SPACE

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 56-1889756 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

SAVINI, LINDA
15072 ASHLAND PL. #134 D
DELRAY BEACH FL 33484

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 *Linda Savini* LINDA SAVINI 3/15/00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP OKAWA, HIROMI 300 N. MAIN ST., STE. 400 DELRAY BEACH FL 33482-6192	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MURAKAMI, SHUICHI 300 N. MAIN ST., STE. 400 DELRAY BEACH FL 33482-6192	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KUME, SHINICHI 300 N. MAIN ST., STE. 400 DELRAY BEACH FL 33482-6192	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MATSUO, KAZUMASA 300 N. MAIN ST., STE. 400 HIGH POINT NC 27260	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LYNCH, CHARLES E JR. 300 N. MAIN ST., STE. 400 HIGH POINT NC 27260	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T OZAKI, KIYOSHI 300 N. MAIN ST., STE. 400 HIGH POINT NC 27260	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: *Kazumasa Matsuo* KAZUMASA MATSUO 3/15/00 561 495 4211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #