## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: 之

## FILED Jan 22, 2000 8:00 am Secretary of State **DOCUMENT # J14122** 1. Entity Name SAGAMI, INC. 01-22-2000 90054 025 \*\*\*150.00 Principal Place of Business Mailing Address % SUSUMU SAITO % SUSUMU SAITO 3024 N.E. CENTER AVENUE 3024 N.E. CENTER AVENUE FORT LAUDERDALE FL 33308 FORT LAUDERDALE FL 33308-7310 2. Principal Place of Business 3. Mailing Address 5975 N. FEDERAL HWY. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 59-2719809 FORT LALBERDATE FORT LAUDERDALE FL Not Applicable 33308 \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SAITO, SUSUMU 3024 N.E. CENTER AVENUE FORT LAUDERDALE FL 33308 ging its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this statement for the purpose of charge (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change Addition Delete TITLE TITLE INATA, AKIRA 5975 N. FEDERAL HWY. SAITO, SUSUMU NAME MAME STREET ADDRESS STREET ADDRESS 3024 N.E. CENTER AVENUE FORT LAUDERDALE FL FORT LAUDERDALE, FL 33308 CITY-ST-ZIP CITY-ST-7IP **Addition** TITLE SD Delete TITLE SAITO, HITOMI NAME NAME IWATA, MIKA FEBERAL HWY. STREET ADDRESS STREET ADDRESS 3024 N.E. CENTER AVENUE CITY-ST-ZIP CAUDER DACE CITY-ST-ZIP FORT LAUDERDALE FL Delete - ... TITLE . 🗔 Addition TITLE-MITSUO, YOSHIUE NAME NAME 3024 NE CENTER AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP . TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-21P 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 in changed, or on an attachment with an address, with all other like empowered.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR