

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 20, 2001 08:00 AM**
Secretary of State**DOCUMENT # L14858**1. Entity Name
KOJIMA TRADING, INC.

Principal Place of Business

10111 PINES BLVD

PEMBROKE PINES

33026

FL

US

Mailing Address

321 NW 156TH LANE

5Q

PEMBROKE PINES

33028

FL

US

2. Principal Place of Business

8007 N. SAVANNAH CIRCLE

3. Mailing Address

8007 N. SAVANNAH CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DAVIE

FL

City & State

DAVIE

FL

Zip

33328

Country

US

Zip

33328

Country

US

4. FEI Number

65-0147934

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KAZUAKI, KOJIMA
321 NW 156TH LANE

PEMBROKE PINES

33028

FL

US

7. Name and Address of New Registered Agent

Name

KOJIMA KAZUAKI P

Street Address (P.O. Box Number is Not Acceptable)

8007 N. SAVANNAH CIRCLE

City

DAVIE

FL

Zip Code

33328

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 **KAZUAKI KOJIMA****02/20/2001**

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, 2001 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	S	<input checked="" type="checkbox"/> Delete
NAME	FUCHIMOTO KAZUMI	
STREET ADDRESS	8007 N SAVANNAH CIRCLE	
CITY-ST-ZIP	DAVIE FL 33328	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FUCHIMOTO SHINTARO	
STREET ADDRESS	8007 N SAVANNAH CIRCLE	
CITY-ST-ZIP	DAVIE FL 33328	
TITLE	D	<input type="checkbox"/> Delete
NAME	AMO YOKO	
STREET ADDRESS	321 NW 156TH LANE	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	
TITLE	P	<input type="checkbox"/> Delete
NAME	KAZUAKI, KOJIMA	
STREET ADDRESS	321 NW 156TH LANE	
CITY-ST-ZIP	PEMBROKE PINES FL	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMO YOKO D	
STREET ADDRESS	8007 N. SAVANNAH CIRCLE	
CITY-ST-ZIP	DAVIE FL 33328	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOJIMA KAZUAKI P	
STREET ADDRESS	8007 N. SAVANNAH CIRCLE	
CITY-ST-ZIP	DAVIE FL 33328	
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: **KAZUAKI KOJIMA**

P

02/20/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)