

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M91746

1. Entity Name

MIAMI ANCHOR INTERNATIONAL CORPORATION

Principal Place of Business

Mailing Address

3501 WEST ROLLING HILLS CIRCLE  
FORT LAUDERDALE FL 33328  
US

3501 WEST ROLLING HILLS CIR  
FORT LAUDERDALE FL 33328-1944  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROTH, JOEL  
NORTHERN TRUST PLAZA  
301 YAMATO RD., STE. 1200  
BOCA RATON FL 33431

Name Carlos Reyes, Esq.

Street Address Montero Financiero y Asesorias P.A.

200 Southeast Ninth Street

City Ft. Lauderdale, Florida

FL

Zip 33316

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

5/31/00

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 DVS  
NAME KASAI, NOBUAKI  
STREET ADDRESS 3501 WEST ROLLING HILLS CIR.  
CITY-ST-ZIP FT. LAUDERDALE FL 33328 ☐ Delete

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

TITLE P/T  
NAME KASAI, YOSHISUKE  
STREET ADDRESS 1 BANCHI NAITO-CHO  
CITY-ST-ZIP SHINJUKU-KU TOKYO JAPAN ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Jun 07, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90460 024 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0063966

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

CR2E034 (9/99)

4/18/00

954-475-0900