

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2001 8:00 am
Secretary of State

05-07-2001 90044 011 ***150.00

0273548

DOCUMENT # M91746

1. Entity Name

MIAMI ANCHOR INTERNATIONAL CORPORATION

Principal Place of Business

**3501 WEST ROLLING HILLS CIRCLE
 FORT LAUDERDALE FL 33328
 US**

Mailing Address

**3501 WEST ROLLING HILLS CIR
 FORT LAUDERDALE FL 33328
 US**

00043395



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0063966**

Applied For

Not Applicable

Zip

Country

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

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

Name

Nobuaki Kasai

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

**3501 W. Rolling Hills Circle
 Davie, FL 33328**

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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

Nobuaki Kasai

4/30/01

Date

Daytime Phone #

954-475-0400

CR2E034 (10/00)