

\$150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 000000002599

1. Entity Name

OGAWA ENTERPRISES, INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7225 NW 25 STREET

3. Mailing Address

Suite, Apt. #, etc.
300

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

Zip

33122

County

DADE

Zip

Country

4. FEI Number

65-0971405

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

NEOZA CESAR

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

7225 NW 25 Street # 300

City

MIAMI

FL

Zip Code

33122

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *frills*

(Signature of individual or printed name of registered agent and title if applicable)

(Title: Registered Agent signature not used when necessary)

Date

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

PD
DASILVA, JOSE MEDEIROS
5137 NW 116 CT
MIAMI FL 33178

TITLE
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), 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 507, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like employees.

SIGNATURE *frills*

(Signature and typed on printed name of signing officer or director)

Date

12/02/03

CR2E034B (12/02)

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of \$ 150.00 for the annual report fee with my application.

I also state that I have not received any notice from the Division of Corporations in respect with my Corporation **OGAWA ENTERPRISES, INC**

Thank you for your courtesy in this matter.



JOSE MEDEIROS DA SILVA
PRESIDENT