## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## **FILED** Feb 14, 2003 8:00 am Secretary of State

DOCUMENT # P0000006494  1. Entity Name CHISAKO-INTERNATIONAL, INC.									02-14-20	003 9023	0 032 *	**150.00	
Principal Place of Business Mailing Address 11259 S.W. 90TH LANE 11259 S.W. 90TH LANE MIAM! FL 33176 MIAM! FL 33176													
2. Principal Place of Business				3. Mailing Address					ING <del>Bajah Bana Bana</del> Balah	<b>Ja</b> ni <b>Ca</b> in <b>Ja</b> i	19 E)HII E12HB	IDHIF DYD! IDDI	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				 	CHECK HERE	F MAKING	CHANGES		
City & State				City & State			4.	FEI Numbe	65-0975116	· <u>-</u> - · · -	N	oplied For ot Applicable	
Zip Country			Ζiρ	<del></del>	Cour	5. Certificate			of Status Desired S8.75 Additional Fee Required				
	6. Name	and Address of Curren	t Register	ed Agent		Nama		Name end	Address of New He	gistered A			-
TACHIBANA, CHISAKO						Name Street Address (P.O. Box Number is Not Acceptable)							4
11259 S.W		Circorridato							╛				
MIAMI FL 33176										<u></u>	1 2 - 0 -	4-	_
						City				FL	Zip Cod		
	named entitions of regis	y submits this statement fered agent.	or the purp	ose of changing its	register	ed office or regi	istered aç	gent, or both	in the State of Flor	ida. I am fa	miliar with	and accept	
SIGNATURE .	Signature, typed	or printed name of registered agen	nt and bite if app	nicable. (NOTI	E: Registere	id Agent signature req	when i	reinstating)		DATE		<del></del>	
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€. After	r May 1, 201	II FEE IS \$150.00 03 Fee will be \$550.00 o Florida Department (							tion Campaign Fina t Fund Contribution		<b>\$5.0</b> Adde	IO May Be d to Fees	
10. OFFICERS AND DIRECTORS						<del> </del>	Αſ	DDITIONS/	HANGES TO OFFI	CERS AND I	DIRECTOR	S IN 11	┪
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12. I hereby of indicated of the corchanged,	ertify that the on this repor- poration or the or on an atta	e information supplied wit it or supplemental report ne receiver or trustee end achment with an access	th this filing is true and cowered to with all oth	does not qualify for accurate and that ne execute this report er like empowered.	the exe ny signa as requi	mption stated in ture shall have to red by Chapter	n Section he same 607, Flori	119,07(3)(i) legal effect ida Statutes	, Florida Statutes, I I aslif made under or and that my name	urther certif ith; that I am appears in I	y that the is an officer Block 10 or	normation or director Block 11 if	