## 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED May 12, 2002 8:00 am & Secretary of State **DOCUMENT #** P00000019790 1. Entity Name DRUMIT, INC. 05-12-2002 90670 048 \*\*\*150 00 Principal Place of Business Mailing Address 43423 S.W. 66TH TERRACE -13423 S.W. SETH TERRACE-MANUEL 33183 MIAMI-FL 33183 2. Principal Place of Business 3. Mailing Address 2512 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Miam 65-1011685 ia <u>m</u> Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent = ==7. Name and Address of New Registered Agent ITOH, KAZUHIRO -13423 S.W. 66TH TERRACE -MIAMI-FL-33183-City 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees $\Box$ Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PSD ☐ Delete TITLE XX Change ☐ Addition ITOH, KAZUHIRO NAME 17542 SW 14274 Court STREET ADDRESS 13423 S.W. 66TH TERRACE-STREET ADDRESS Miami , PlA 33/77 CITY-ST-ZIP MIAMI FL 33183 CITY-ST-ZIP TITI F ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-7IP CITY-ST-ZIP TITLE - Delete. TITLE -- Change -Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. Uhereby 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