200	2 UNIFORM BUSI	NESS REPO	RT (UBR)		03.05.3003.001.05.001.***		
DOCUMENT # , P01000010276					03-06-2002-90105-001***150.00 FIL-P01000010276		
1. Entity Nat	me				02 AUG 21 PM 3:50		
			-		SECRETARY OF STATE TAILAHASSEE, FLORIDA		
Principal Pla	ice of Business	Mailing Address			TÄTLÄHASSEE, FLOHIDA		
465 TURTLE	CIRCLE BEACH FL 32937	465 TURTLE CIRCLE SATELLITE BEACH FL 32937					
ONIELLIE (DENOTI PL 32337	SATELLITE BEACH PE SES	.	-	: 180 (184) (1 82 11 12 1 80 1 80 1 84 1 1 1 1 1 1 1 1 1	2010 0111 IS 01	
2. Principal	Place of Business	3. Mailing Address		j	i indikadet (ii odio) mêrî. Daşk dehit edin geran ildir dehine tidir i	DEFA ALEA 10.01	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & Sta	ite	City & State		4.	FEI Number App	olied For	
7in County		7			59-3694940 No	Applicable	
Zip	. Country	Zip	Country	5.	Certificate of Status Desired \$8.75 Addition Fee Required		
	6. Name and Address of Current F	legistered Agent	Name	7. [lame and Address of New Registered Agent		
KUBOI, SUMIKO							
465 TURTLE CIRCLE			Street Addre	Street Address (P.O. Box Number is Not Acceptable)			
SATELLITE BEACH FL 32937							
COMMENT AND THE STREET			City	y FL Zip Code			
8. The above	e named entity submits this statement for	the purpose of changing its r	egistered office or regi	stered ag	ent, or both, in the State of Florida.		
CIONATION							
SIGNATURE	Signature, typed or printed name of registered agent ar	d title if applicable. (NOTE:	Registered Agent signature req	uired when re	instating) DATE	 [
9. This corp	oration is eligible to satisfy its Intangible	FILE NOW!!! FEE IS \$150.00			Nov Bo		
Tax filing requirement and elects to do so. (See criteria on back)		After May 1, 2002' Fee Will be \$550.00" Make Check Payable to Department of State			Trust Fund Contribution. Added	o Fees	
11.	OFFICERS AND D	DIRECTORS	12.	AD	DITIONS/CHANGES TO OFFICERS AND DIRECTORS	IN 11	
TITLE NAME	DP '' KUBOI, SUMIKO	☐ Delete	TITLE NAME		☐ Change	☐ Addition §	
STREET ADDRESS	465 TÜRTLE CIRCLE		STREET ADDRESS			į	
CITY-ST-ZIP	SATELLITE BEACH FL 32937		CITY-ST-ZIP			{}	
NAME	LERRA, MARCO	☐ Delets	TITLE NAME		· Change	☐ Addition ₹	
STREET ADDRESS : CITY-ST-ZIP	465 TURTLE CIRCLE		STREET ADORESS City-St-Zip			1	
TITLE	SATELLITE BEACH FL 32937 DT	□ Delete	TITLE	 .	☐ Change	Addition	
NAME STREET ADDRESS	LOPEZ, CLAUDE		NAME				
CITY-ST-ZIP	17 PLYMOUTH ROAD WINCHESTER MA 01890		STREET ADDRESS City-St-Zip			1	
TITLE		☐ Delete	TITLE		Change	Addition	
NAME STREET ADDRESS	,		NAME STREET ADDRESS				
CITY-ST-ZIP	>		CITY-ST-ZIP	·.			
TITLE Name		☐ Defete	TITLE NAME		☐ Change	Addition	
STREET ADDRESS			STREET ADDRESS	•			
CITY-ST-ZIP			CITY-ST-ZIP		The same with the same fired to	11 5	
TITLE NAME		☐ Defete	NAME		Change .	☐ Addition	
STREET ADDRESS			STREET ADDRESS			}	

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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.