

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

03-29-2002 91415 021 \*\*\*150.00

0220763  
 AV

**DOCUMENT # P01000081778**

1. Entity Name  
**JAPAN CARIBBEAN USA, INC.**

Principal Place of Business

**1000 QUAYSIDE TERRACE  
 SUITE #1608  
 MIAMI FL 33138**

Mailing Address

**1000 QUAYSIDE TERRACE  
 SUITE #1608  
 MIAMI FL 33138**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**1031 IVES DAIRY ROAD**

Suite, Apt. #, etc.

**OFFICE 116, SUITE 128/228**

City & State

**NORTH MIAMI BEACH**

Zip

**FL 33179**

Country

**USA**

3. Mailing Address

**1031 IVES DAIRY ROAD**

Suite, Apt. #, etc.

**OFFICE 116, SUITE 128/228**

City & State

**NORTH MIAMI BEACH**

Zip

**FL 33179**

Country

**USA**

4. FEI Number

**65-1133748**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**SEYAMA, MITSUO**

**1000 QUAYSIDE TERRACE**

**SUITE #1608**

**MIAMI FL 33138**

7. Name and Address of New Registered Agent

Name

**MITSUO SEYAMA**

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

**1031 IVES DAIRY ROAD**

**OFFICE #116 SUITE #128/228**

City

**NORTH MIAMI BEACH FL**

Zip Code

**33179**

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 **MITSUO SEYAMA** **3/18/02**  
 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, 2002 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

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SEYAMA, MITSUO</b>	
STREET ADDRESS	<b>1000 QUAYSIDE TERRACE, SUITE #1608</b>	
CITY-ST-ZIP	<b>MIAMI FL 33138</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D/P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MITSUO SEYAMA</b>	
STREET ADDRESS	<b>1031 IVES DAIRY ROAD, OFFICE #116, SUITE 128/228</b>	
CITY-ST-ZIP	<b>NORTH MIAMI BEACH, FL 33179</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: **MITSUO SEYAMA** **3/18/02**  
 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)