

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P30950

1. Entity Name

PLAZA VENTURE CORPORATION

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90096 016 \*\*\*150.00

Principal Place of Business	Mailing Address
KAJIMA INTERNATIONAL, INC. SYLVAN AVENUE CLIFFS NJ 07632	C/O KAJIMA INTERNATIONAL, INC. 900 SYLVAN AVENUE ENSELEWOOD CLIFFS NJ 07632-3301

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	22-3090606	Applied For
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ALLEN, THOMAS R. ALLEN, BROWN & BUILDER 359 CAROLINA AVENUE WINTER PARK FL 32789

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL
Zip Code

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 Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOSHINO, K	NAME	
STREET ADDRESS	900 SYLVAN AVE	STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD CLIFFS NJ 07632	CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> Delete	TITLE	T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUGASAWA, KIYOSHI	NAME	
STREET ADDRESS	900 SYLVAN AVENUE	STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD NJ	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUOMI, M	NAME	
STREET ADDRESS	900 SYLVAN AVE	STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD CLIFFS NJ 07632	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	VP/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	OKUMA, KAZUSHIGE
STREET ADDRESS		STREET ADDRESS	900 SYLVAN AVE
CITY-ST-ZIP		CITY-ST-ZIP	ENGLEWOOD CLIFFS, NJ
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: SUGASAWA K REQUIRED Treasurer 4/28/00 (201) 568-1800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
Kiyoshi Sugawara

CR2E034 (9/99)