

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT #** P30950**1. Entity Name**

PLAZA VENTURE CORPORATION

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90992 047 ***150.00

Principal Place of Business**Mailing Address****2. Principal Place of Business**

395 W. Passaic Street

Suite, Apt. #, etc.

3rd Floor

City & State

Rochelle Park, New Jersey

Zip

07662

Country

Bergen

3. Mailing Address

395 W. Passaic Street

Suite, Apt. #, etc.

3rd Floor

City & State

Rochelle Park, New Jersey

Zip

07662

Country

Bergen

4. FEI Number 22-3090606**Applied For**

Not Applicable

5. Certificate of Status Desired ☐**\$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) ☐**FILE NOW!!! FEE IS \$150.00**

After MAY 1, 2001 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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P/D
STREET ADDRESS	Hoshino, Hiroaki
CITY-ST-ZIP	395 W. Passaic Street
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D
STREET ADDRESS	Suomi, Marvin
CITY-ST-ZIP	395 W. Passaic Street
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T/D
STREET ADDRESS	Sugasawa, Kiyoshi
CITY-ST-ZIP	395 W. Passaic Street
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01

Date

201-518-2100

Daytime Phone #

CR2E034 (11/00)