

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90070 043 ***150.00

DOCUMENT # P33570

1. Entity Name

JAPAN TRAVEL BUREAU INTERNATIONAL INC.

Principal Place of Business

**777 S FIGUEROA ST
SUITE 3900
LOS ANGELES CA 90017
US**

Mailing Address

**777 S FIGUEROA ST
SUITE 3900
LOS ANGELES CA 90017
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **13-3598951**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FUJIMOTO, MAKOTO	
STREET ADDRESS	6-4 MARUNOUCHI, 1-CHROME	
CITY-ST-ZIP	TOKYO, JAPAN	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	ITO, KENJI	
STREET ADDRESS	777 S FIGUEROA ST., SUITE 3900	
CITY-ST-ZIP	LOS ANGELES CA	
TITLE	SD	<input type="checkbox"/> Delete
NAME	COSTELLO, FRANCIS W	
STREET ADDRESS	633 W FIFTE ST, 21ST FLOOR	
CITY-ST-ZIP	LOS ANGELES CA 90071	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	TAGAWA, HIROMI	
STREET ADDRESS	777 S. FIGUEROA ST., SUITE 3900	
CITY-ST-ZIP	LOS ANGELES CA 90017	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	YAMADA, TAKESHISA	
STREET ADDRESS	777 S FIGUEROA ST., SUITE 3900	
CITY-ST-ZIP	LOS ANGELES CA	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	OKURA, RYO	
STREET ADDRESS	SUMITOMO FUDOSAN RYOGOKU BLDG, 12TH FLOOR	
CITY-ST-ZIP	2-10-8 RYOGOKU SU	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Toru Suhara	
STREET ADDRESS	777 So. Figueroa St. Ste 3900	
CITY-ST-ZIP	Los Angeles, CA 90017	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fujio Kato	
STREET ADDRESS	777 So. Figueroa St. Ste 3900	
CITY-ST-ZIP	Los Angeles, CA 90017	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hideo Oe	
STREET ADDRESS	777 So. Figueroa St. Ste 3900	
CITY-ST-ZIP	Los Angeles, CA 90017	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tsuneo Taguchi	
STREET ADDRESS	777 So. Figueroa St. Ste 3900	
CITY-ST-ZIP	Los Angeles, CA 90017	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Yoshihiko Takayama	
STREET ADDRESS	777 So. Figueroa St. Ste 3900	
CITY-ST-ZIP	Los Angeles, CA 90017	

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

1/16/01

Date

213-553-6509

Daytime Phone #

CR2E034 (10/00)