

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000009020**

1. Entity Name

CANON LATIN AMERICA, INC.**FILED**
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90053 014 ***150.00

Principal Place of Business

Mailing Address

**6505 BLUE LAGOON DR
SUITE 325
MIAMI FL 33126****6505 BLUE LAGOON DR
SUITE 325
MIAMI FL 33126-6011****A0017337**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-3871205

Applied For

Not Applied

Zip

Country

Zip

Country

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

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 may
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	IJICHI, NOBUO	
STREET ADDRESS	1288 CAMELLIA CIRCLE	
CITY-ST-ZIP	WESTON FL 33326	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME	IJICHI, NOBUO	
STREET ADDRESS	9323 NW 50 Doral Cir.S.	
CITY-ST-ZIP	Miami, Fl. 33178	

TITLE	TS	<input type="checkbox"/> Delete
NAME	LIEBMAN, SEYMOUR	
STREET ADDRESS	ONE CANON PLAZA	
CITY-ST-ZIP	LAKE SUCCESS NY 11042	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	C	<input type="checkbox"/> Delete
NAME	UCHIDA, KINYA	
STREET ADDRESS	ONE CANON PLAZA	
CITY-ST-ZIP	LAKE SUCCESS NY 11042	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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, changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE REQUIRED: IJICHI, NOBUO

Date

Daytime Phone #