

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000031137

1. Entity Name

PLUS ALPHA, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90350 039 ***150.00

Principal Place of Business

Mailing Address

80 S.W. 8TH STREET #1880
MIAMI FL 33130

80 S.W. 8TH STREET #1880
MIAMI FL 33126-2032

2. Principal Place of Business

5805 Blue Lagoon Dr

3. Mailing Address

5805 Blue Lagoon Dr

Suite, Apt. #, etc.

446

City & State

Miami, FL

Suite, Apt. #, etc.

446

City & State

Miami, FL

Zip

33126

Country

DADE

Zip

33126

Country

DADE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OKURA, HIROTAKA

80 S.W. 8TH STREET #1880

MIAMI FL 33130

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 Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete

NAME OKURA, HIROTAKA

STREET ADDRESS 1627 BRICKELL AVE #1703

CITY-ST-ZIP MIAMI FL 33129

TITLE S ☐ Delete

NAME OKURA, SHOKEN

STREET ADDRESS 2-3, 6-CHOM, SAKAGUCHI-DORI

CITY-ST-ZIP CHUO-KU, KOBE-CITY, JAPAN 651

TITLE VP ☐ Delete

NAME OKURA, CHIEMI S

STREET ADDRESS 1627 BRICKELL AVE. #1703

CITY-ST-ZIP MIAMI FL 33129

TITLE ☐ Delete

NAME ☐ Delete

STREET ADDRESS ☐ Delete

CITY-ST-ZIP ☐ Delete

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TITLE ☐ Delete

NAME ☐ Delete

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

Date

Daytime Phone

CR2E034 (9/99)