

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 27, 2001 8:00 am**  
**Secretary of State**  
 04-27-2001 90330 003 \*\*\*158.75

0144222

**DOCUMENT # P96000031137**

1. Entity Name

**PLUS ALPHA, INC.**

Principal Place of Business

**5805 BLUE LAGOON DR  
 446  
 MIAMI FL 33126**

Mailing Address

**5805 BLUE LAGOON DR  
 446  
 MIAMI FL 33126**

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 **65-0657983**

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

**OKURA, HIROTAKE  
 80 S.W. 8TH STREET #1880  
 MIAMI FL 33130**

Name  
**Okura, Hirotake**  
 Street Address (P.O. Box Number is Not Acceptable)  
**5805 Blue Lagoon Dr. #446**  
 City **Miami** FL Zip Code **33126**

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, applicable. (NOTE: Registered Agent signature required when re-registering)

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	P	xx Delete
NAME	OKURA, HIROTAKE	
STREET ADDRESS	1627 BRICKELL AVE #1703	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE	S	xx Delete
NAME	OKURA, SHOKEN	
STREET ADDRESS	2-3, 6-CHOM, SAKAGUCHI-DORI	
CITY-ST-ZIP	CHUO-KU, KOBE-CITY, JAPAN 651	
TITLE	VP	xx Delete
NAME	OKURA, CHIEMI S	
STREET ADDRESS	1627 BRICKELL AVE. #1703	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE	C.E.O	<input type="checkbox"/> Delete
NAME	OKURA, HIROTAKE	
STREET ADDRESS	5805 Blue Lagoon Dr. #446	
CITY-ST-ZIP		
TITLE	President	<input type="checkbox"/> Delete
NAME	Ina, Fujio	
STREET ADDRESS	5805 Blue Lagoon Dr. #446	
CITY-ST-ZIP	Miami, FL 33126	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	SUGIYAMA, CHIEMI	
STREET ADDRESS	1627 Brickell Ave. #1703	
CITY-ST-ZIP	Miami, FL 33129	

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
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STREET ADDRESS		
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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

*Hirotake Okura*  
**Hirotake Okura**

Date

**4-14-01**

Daytime Phone #

**305-267-7344**

CR2E034 (10/00)