

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000023777

1. Entity Name

NEWLONG LATIN AMERICA, INC.

Principal Place of Business

2760 NW 112 AVE.
MIAMI FL 33172
US

Mailing Address

2760 NW 112 AVE.
MIAMI FL 33172
US

2. Principal Place of Business

2760 NW 112 Ave

3. Mailing Address

Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Zip

33172

Country

USA

Zip

Country

4. FEI Number

65-0821394

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KAPLAN, LINDA M
9300 S DADELAND BLVD SUITE 406
MIAMI FL 33156

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 PD
NAME KONDO, YASUHIRO
STREET ADDRESS 14-14 MATSUGAYA 1 - CHOME
CITY-ST-ZIP TAITO-KU TOKYO 110 JAPAN ☐ Delete

TITLE VPD
NAME KATO, MASAMI
STREET ADDRESS 14-14 MATSUGAYA 1-CHOME
CITY-ST-ZIP TAITO-KU TOKYO 110 JAPAN ☐ Delete

TITLE ST
NAME YOKOMORI, MASAOKI
STREET ADDRESS 12410 S.W. 106 TERRACE
CITY-ST-ZIP MIAMI FL 33186 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

YOKOMORI, MASAOKI

01/24/2001 305-406-1038

Date

Daytime Phone #

FILED
Feb 14, 2001 8:00 am
Secretary of State

02-14-2001 90020 045 ***150.00

022400



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)