2003 UBR

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 AUG 28 AM 8:00

DOCUMENT # P98000023777

1. Entity Name
NEWLONG LATIN AMERICA, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2700 NW 112 AVE.,	2700 NW 112 AVE.,
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI	City & State: MIAMI,
Zip: FL 33172 Country: USA	Zip: FL 33172 Country: USA

DO NOT WRITE IN THIS SPACE MRS

4. FEI Number 65-0821394 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name MASAAKI YOKOMORI

Street Address (P.O. Box Number is Not Acceptable) 12410 S.W. 106 TERRACE,

City MIAMI FL Zip Code 33186

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ AUGUST 25, 2003
Signature, typed or printed name of registered agent and, if applicable, title (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☑ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KONDO, YASUHIRO
STREET ADDRESS	14-14 MATSUGAYA 1-CHOME
CITY-ST-ZIP	TAITO-KU, TOKYO 110 JAPAN
TITLE	VPD
NAME	KATO, MASAMI
STREET ADDRESS	14-14 MATSUGAYA 1-CHOME
CITY-ST-ZIP	TAITO-KU, TOKYO 110 JAPAN
TITLE	ST
NAME	YOKOMORI, MASAAKI
STREET ADDRESS	12410 S.W. 106 TERRACE
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	300022636293
STREET ADDRESS	08/28/03--01070--012 **583.75
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ AUGUST 25, 2003 (305)-406-1038
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #