2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED May 15, 2000 8:00 am Secretary of State DOCUMENT # P98000033318 1. Entity Name NAKAKOU ENGINEERING USA, INC. 05-15-2000 90236 043 ***158.75 Mailing Address Principal Place of Business 701 BRICKELL AVE. 1460 BAYTREE DRIVE, NE., SUITE 3 PALM BAY FL 32905 **SUITE 3000** MIAMI FL 33131-2847 2. Principal Place of Business 3. Mailing Address 751 Humîle Ave., N.E. 751 Hurole Ave. N.E. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. PALM BAY, FL 4. FEI Number 55-0837665 City & State Palm Bay, Applied For City & State 32907 Not Applicable Country - Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name INTRASTATE REGISTERED AGENT CORPORATION Street Address (P.O. Box Number is Not Acceptable) 701 BRICKELL AVE., SUITE 3000 MIAMI FL 33131 Zip Code FL 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550,00 Tax filing requirement and elects to do so. Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition **PSTD** TITLE TITLE ☐ Delete NAKAGAWA. KONOSUKE NAME NAME STREET ADDRESS STREET ADDRESS 751 HURDLE AVE NE CITY-ST-ZIP CITY-ST-ZIP PALM BAY FL 32907 VPD Bruno Braga **▼** Addition TITLE ☐ Change TITLE ☐ Delete NAME NAME 1000 Palm Place Dr NE Apt 1716 STREET ADDRESS STREET ADDRESS 32905 Palm Bay, FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 enter like enterwered.