

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90201 024 ***150.00

DOCUMENT # P98000078561

1. Entity Name

YOKOZUNA INC.

Principal Place of Business

Mailing Address

SOUTH DADELAND BLVD.
406
FL 33156

840 S.PARK ROAD
#5-12
HOLLYWOOD FL 33021-8720

817727

2) Principal Place of Business

1111 E. Hallandale Beach Blvd

Suite, Apt. #, etc.

Hallandale

City & State

1. 33309, U.S.A.

Zip

Country

3) Mailing Address

1111 E. Hallandale Beach Blvd

Suite, Apt. #, etc.

Hallandale

City & State

FL 33009 U.S.A.

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0865596

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 SOUTH 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, 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

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete	TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIYAZAKU, HIROSHI		NAME	MIYAZAKI, HIRASHI	
STREET ADDRESS	4831 NE 16 TERRACE		STREET ADDRESS	840 S. PARK ROAD #5-12	
CITY-ST-ZIP	OAKLAND PARK FL 33334		CITY-ST-ZIP	Hollywood, FL 33021	
TITLE	D	<input type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHOGEN, MASAMI		NAME	SHOGEN, MASAMI	
STREET ADDRESS	25555 PGA BLVD. APT. 122-A		STREET ADDRESS	840 S. PARK ROAD #5-12	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410		CITY-ST-ZIP	Hollywood, FL 33021	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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

Date

Daytime Phone #

CR2E034 (9/99)