

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90142 006 ***150.00

DOCUMENT # P99000096939

1. Entity Name
YOU KI, INC.

Principal Place of Business

**17048-50 WEST DIXIE HWY
 NORTH MIAMI BEACH FL 33160**

Mailing Address

**17048-50 WEST DIXIE HWY
 NORTH MIAMI BEACH FL 33160**

2. Principal Place of Business

840 Washington Ave

Suite, Apt. #, etc.

3. Mailing Address

3007 NE 163RD STREET

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Miami Beach Florida

City & State

NORTH MIAMI BEACH, FL

4. FEI Number

65-0958538

Applied For

Not Applicable

Zip

33139

Country

Dade

Zip

33160

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHIGETOMI, HIROSHI

16445 COLLINS AVE #2324

NORTH MIAMI BEACH FL 33160

7. Name and Address of New Registered Agent

Name

SHIGETOMI, HIROSHI

Street Address (P.O. Box Number is Not Acceptable)

3007 NE 163RD STREET

City

NORTH MIAMI BEACH

FL

Zip Code

33160

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)

Signature, typed or printed name of registered agent and date 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, 2002 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 ☐ Delete
 NAME **D**
 STREET ADDRESS **SHIGETOMI, HIROSHI**
 CITY-ST-ZIP **16445 COLLINS AVE #2324**
NORTH MIAMI BEACH FL 33160

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **OCHI, MASATAKA**
 CITY-ST-ZIP **244 THREE ISLAND BLVD APT #209**
HALLANDALE FL 33009

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **3007 NE 163rd Street**
 CITY-ST-ZIP **North Miami Beach, FL 33160**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **345 Ocean Drive #403**
 CITY-ST-ZIP **Miami Beach FL 33139**

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

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

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

TITLE ☐ Change ☐ 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)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-11-02 305-945-5775

CR2E034 (9/01)