

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90056 024 ***150.00

DOCUMENT # P99000096939

1. Entity Name
YOU KI, INC.



Principal Place of Business
**840 WASHINGTON AVE.
MIAMI BEACH FL 33139**

Mailing Address
**3007 NE 163RD STREET
NORTH MIAMI BEACH FL 33160**

90015527



2. Principal Place of Business

3. Mailing Address

840 Washington Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Beach FL

4. FEI Number **65-0958538**

Applied For
Not Applicable

Zip

Country

Zip

Country

33139

FL

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHIGETOMI, HIROSHI
3007 NE 163RD ST
NORTH MIAMI BEACH FL 33160**

Name **MASATAKA Ochi**
Street Address (P.O. Box Number is Not Acceptable)
840 Washington Ave
City **Miami Beach FL** Zip **33139**

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 **(Signature, typed or printed name of registered agent and title if applicable.)**

MASATAKA OCHI

1/27/03

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003: Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete
NAME **SHIGETOMI, HIROSHI**
STREET ADDRESS **3007 NE 163RD STREET**
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33160**

TITLE ☐ Change ☐ Addition
NAME **(Signature)**
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **OCHI, MASATAKA**
STREET ADDRESS **345 OCEAN DRIVE, #403**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE **DP** ☒ Change ☐ Addition
NAME **OCHI, MASATAKA**
STREET ADDRESS **4779 Collins Ave #3006**
CITY-ST-ZIP **Miami Beach FL 33140**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **(Signature)** **MASATAKA OCHI**

1/27/03

Date Daytime Phone #

CR2E034 (10/02)