

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000105774

1. Entity Name

ORGANIZATION OF GLOBAL PROJECT DEVELOPMENT, INC.

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90485 046 ***150.00

Principal Place of Business

9300 SOUTH DADELAND BLVD.
SUITE 406
MIAMI FL 33156

Mailing Address

9300 SOUTH DADELAND BLVD.
SUITE 406
MIAMI FL 33156

2. Principal Place of Business

5757 Collins Ave.

Suite, Apt. #, etc.
2007

3. Mailing Address

5098 NW 106 Ave.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Miami Beach, FL

City & State

Miami, FL

4. FEI Number

65-0966285

Applied For

Not Applicable

Zip

33140

Country

U.S.A.

Zip

33178

Country

U.S.A.

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, 2001 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 DP
NAME OTAGURO, RYUJI
STREET ADDRESS 5757 COLLINS AVE. #2007
CITY-ST-ZIP MIAMI BEACH FL 33140 ☐ Delete

TITLE DVPS
NAME KANAMORI, TAKAHIRO
STREET ADDRESS 5757 COLLINS AVE. #2007
CITY-ST-ZIP MIAMI BEACH FL 33140 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)