

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90238 036 \*\*\*150.00

03/05/2001 AV

**DOCUMENT # P99000105774**

1. Entity Name  
**ORGANIZATION OF GLOBAL PROJECT DEVELOPMENT, INC.**



Principal Place of Business  
**5757 COLLINS AVENUE**  
**2007**  
**MIAMI FL 33140**  
**US**

Mailing Address  
**5098 NW 106 AVENUE**  
**MIAMI FL 33178**  
**US**

2. Principal Place of Business

3. Mailing Address  
**5757 COLLINS AVENUE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
**2007**

City & State  
**MIAMI BEACH, FL**

City & State  
**MIAMI BEACH, FL**

Zip Country

Zip Country  
**33140 USA**

4. FEI Number **65-0966285**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KAPLAN, LINDA M**  
**9300 SOUTH DADELAND BLVD.**  
**SUITE 406**  
**MIAMI FL 33156**

Name

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

**9200 SOUTH DADELAND BLVD.**  
**SUITE 517**

City

**MIAMI**

**FL**

Zip Code

**33156**

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Apr. 21, 2003**

Date

**305 865 4219**

Daytime Phone #

CR2E034 (10/02)