

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

OHBA MIAMI Beach Co.

Principal Place of Business

Mailing Address

4441 Collins Ave.
MIAMI Beach, Florida 33140

2. Principal Place of Business

3. Mailing Address

4441 Collins Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI Beach

Zip

Country

Zip

Country

33140

U.S.A.

4. FEI Number

05-0303483

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

YASUO SAKAGAMI
6767 Collins Ave
MIAMI Beach, Florida 33141

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)

APRIL 20, 2000

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.

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\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-----------------------------|---------------------------------|
| TITLE | President | <input type="checkbox"/> Delete |
| NAME | YASUO SAKAGAMI | |
| STREET ADDRESS | 6767 Collins Ave | |
| CITY-ST-ZIP | MIAMI Beach FL 33141 | |
| TITLE | Vice President | <input type="checkbox"/> Delete |
| NAME | HIROAKI SHIOKAWA | |
| STREET ADDRESS | 3386-2 Fukuma-machi | |
| CITY-ST-ZIP | MUNAKATA-Gun Fukuoka JAPAN. | |
| TITLE | Secretary & Treasury | <input type="checkbox"/> Delete |
| NAME | ETSUKO OBA | |
| STREET ADDRESS | 6767 Collins Ave | |
| CITY-ST-ZIP | MIAMI Beach FL 33141 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
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| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

APRIL 20 2000 (305) 538-0050

CR2E034 (9/99)