2002 Uniform Business Report (UBR)

Mar 28, 2002 8:00 am Secretary of State DOCUMENT # V00512 1. Entity Name OHBA MIAMI BEACH CO. 03-28-2002 90171 018 ***150.00 Principal Place of Business Mailing Address 4441 COLLINS AVE. 1 4441 COLLINS AVE. C/O FONTAINEBLEAU HILTON C/O FONTAINEBLEAU HILTON MIAMI BEACH FL 33140 MIAMI BEACH FL 33140 2. Principal Place of Business 3. Mailing Address 4441 Collins Ave 4441 Collins Ave Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE C/O FONTANEBLEAU HILTON % FONTAINEBLEAU HILTON City & State City & State 4. FEI Number Applied For 65-0303483 Mi AMI Beach MIAMIBERCH Not Applicable \$8.75 Additional 5. Certificate of Status Desired 33140 33140 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SAKAGAMI, YASUO Street Address (P.O. Box Number is Not Acceptable) 6767 COLLINS AVE MIAMI BEACH FL 33141 City 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 和其關 SIGNATÜRE व <u>महत्त्व द्वारा करने हिंद</u> 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. (Sèe criteria on back) After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 TITLE TITLE ☐ Addition ☐ Delete NAME SAKAGAMI, YASUO NAME STREET ADDRESS 1165 MERSEILES STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 33141 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME SHIOKAWA, HIROAKI NAME STREET ADDRESS 2728 FUKUMA-MACHI STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FUKUOKA, JAPAN TITLE ST ☐ Delete TITLE ☐ Addition ☐ Change OBA-ETSUKO-NAME. STREET ADDRESS STREET ADDRESS 1165 MERSAILES DR. CITY-ST-ZIF MIAMI BEACH FL 33141 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. Thereby 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

FILED