

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 23, 2001 8:00 am
Secretary of State

03-23-2001 90038 005 ***150.00

DOCUMENT # V15797

1. Entity Name
K & K CAMINO BOCA RATON, INC.

Principal Place of Business CAMINO DEL MAR COUNTRY CLUB 22689 CAMINO DEL MAR DR. BOCA RATON FL 33433	Mailing Address CAMINO DEL MAR COUNTRY CLUB 22689 CAMINO DEL MAR DR. BOCA RATON FL 33433
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

4. FEI Number 65-0314100	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**KNEEN, JEFFREY D ESQ.
 LEVY, KNEEN, MARIANI, ET AL, P.A.
 1400 CENTREPARK BLVD., STE. 1000
 WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State: 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	D <input type="checkbox"/> Delete
NAME	ASAKURA, KEIKO
STREET ADDRESS	22689 CAMINO DEL MAR DR.
CITY-ST-ZIP	BOCA RATON FL
TITLE	D <input type="checkbox"/> Delete
NAME	NAKANISHI, KENJIRO
STREET ADDRESS	22689 CAMINO DEL MAR DR.
CITY-ST-ZIP	BOCA RATON FL
TITLE	D <input type="checkbox"/> Delete
NAME	OHTA, TSUYOSHI
STREET ADDRESS	22689 CAMINO DEL MAR DR.
CITY-ST-ZIP	BOCA RATON FL
TITLE	D <input type="checkbox"/> Delete
NAME	NAKANISHI, KENICHI
STREET ADDRESS	22689 CAMINO DEL MAR DR.
CITY-ST-ZIP	BOCA RATON FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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	
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
K. Nakanishi
 Date: **12. 3 2001** / **Kenjiro Nakanishi**

CR2E034 (10/00)