

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90353 018 \*\*\*150.00

0405378 AV

**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**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0314100**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KNEEN, JEFFREY D ESQ.  
LEVY KNEEN MARIANI LLC  
1400 CENTREPARK BLVD., STE. 1000  
WEST PALM BEACH FL 33401**

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. 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	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>ASAKURA, KEIKO</b>
STREET ADDRESS	<b>22689 CAMINO DEL MAR DR.</b>
CITY - ST - ZIP	<b>BOCA RATON FL</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>NAKANISHI, KENJIRO</b>
STREET ADDRESS	<b>22689 CAMINO DEL MAR DR.</b>
CITY - ST - ZIP	<b>BOCA RATON FL</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>NAKANISHI, KENICHI</b>
STREET ADDRESS	<b>22689 CAMINO DEL MAR DR.</b>
CITY - ST - ZIP	<b>BOCA RATON FL</b>
TITLE	<input type="checkbox"/> Delete
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CITY - ST - ZIP	

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

Date: **4-9-2003**  
Daytime Phone #

CR2E034 (10/02)