

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2002 8:00 am
Secretary of State

04-15-2002 90030 028 ***150.00

0107335 AV

DOCUMENT # V31786

1. Entity Name

TEIKI KANKO - ORLANDO, INC.

Principal Place of Business

**5478 CENTRAL FLORIDA PARKWAY
 ORLANDO FL 32821**

Mailing Address

**5478 CENTRAL FLORIDA PARKWAY
 ORLANDO FL 32821**

2. Principal Place of Business

**702 Thorpe Rd
 Suite, Apt. #, etc.
 Lot # 04**

3. Mailing Address

**//
 Suite, Apt. #, etc.
 //**

City & State

Orlando FL

City & State

//

4. FEI Number

59-3120343

Applied For

Not Applicable

Zip
32824

Country
ORANGE

Zip
//

Country
//

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**MCCARL, MATT
 3464 O'BERRY RD.
 KISSIMMEE FL 34746**

7. Name and Address of New Registered Agent

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)

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, 2002 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 **PS** ☐ Delete
 NAME **NAKAGAWA, KAZUHIRO**
 STREET ADDRESS **4201 MEGA VISTA DRIVE**
 CITY-ST-ZIP **LA CANADA CA 91011**

TITLE **VP** ☒ Delete
 NAME **MCCARL, MATT**
 STREET ADDRESS **3464 O'BERRY ROAD**
 CITY-ST-ZIP **KISSIMMEE FL 34746**

TITLE **T** ☐ Delete
 NAME **SUGIYAMA, YASUHIRO**
 STREET ADDRESS **3038 OAKCREEK RD.**
 CITY-ST-ZIP **CHINO HILLS CA 91709**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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TITLE ☐ Change ☐ 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:

SHIGEMASA YAMAMOTO
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/02 407 888 8571

CR2E034 (9/01)