

2002  
**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**

05-24-2002 91329 040 \*\*\*150.00

DOCUMENT # V43599

1. Entity Name

NATSU INTERNATIONAL, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

9999 SUMMER BREEZE DR

Suite, Apt. #, etc.

#806

3. Mailing Address

9999 SUMMER BREEZE DR

Suite, Apt. #, etc.

#806

City & State

SUNRISE, FL

City & State

SUNRISE, FL

Zip

33322

Country

USA

Zip

33322

Country

USA

4. FEI Number

65-0354959

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

NAKADA, TETSURO

Street Address (P.O. Box Number is Not Acceptable)

9999 SUMMER BREEZE DR., #806

City

SUNRISE

FL

Zip Code

33322

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) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 PD  
NAME NAKADA, TETSURO  
STREET ADDRESS 9999 SUMMER BREEZE DR., #806  
CITY-ST-ZIP SUNRISE, FL 33322

TITLE  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 reports 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 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 #

CR2E034B (12/01)