

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000003090

1. Entity Name

SANKYO PHARMA INC

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90031 009 ***150.00

Principal Place of Business

Mailing Address

2 HILTON COURT
PARSIPPANY NJ 07054-4410
US

2 HILTON COURT
PARSIPPANY NJ 07054
US

2. Principal Place of Business

3. Mailing Address

780 Third Ave.

Suite, Apt. #, etc.

47th Floor

City & State

New York, NY

Zip

10017

Country

US

City & State

New York, NY

Zip

10017

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City & State

New York, NY

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US



DO NOT WRITE IN THIS SPACE

4. FEI Number

13-3914479

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION FL 33324

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CD	<input checked="" type="checkbox"/> Delete	TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAWABE, SUSUME		NAME	KOJI OGAWA	
STREET ADDRESS	2 HILTON COURT		STREET ADDRESS	780 Third Ave.	
CITY-ST-ZIP	PARSIPPANY NJ 07054-4410		CITY-ST-ZIP	New York, NY 10017	
TITLE	PT	<input checked="" type="checkbox"/> Delete	TITLE	Treasury	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHIBA, TAKASHI		NAME	TATSUYA KOIZUMI	
STREET ADDRESS	2 HILTON COURT		STREET ADDRESS	780 Third Ave.	
CITY-ST-ZIP	PARSIPPANY NJ 07054-4410		CITY-ST-ZIP	New York, NY 10017	
TITLE	ST	<input checked="" type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ISHIDA, NORIAKI		NAME	TAKASHI SHODA	
STREET ADDRESS	21 HILTON COURT		STREET ADDRESS	780 Third Ave.	
CITY-ST-ZIP	PARSIPPANY NJ 07054-4410		CITY-ST-ZIP	New York, NY 10017	
TITLE	AST	<input checked="" type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TANGUCHI, NOBUYUKI		NAME	HIROYOSHI HORIKOSHI	
STREET ADDRESS	2 HILTON COURT		STREET ADDRESS	780 Third Ave.	
CITY-ST-ZIP	PARSIPPANY NJ 07054-4410		CITY-ST-ZIP	New York, NY 10017	
TITLE	VCB	<input checked="" type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HORIKOSHI, HIROYOSHI		NAME	TAKASHI CHIBA	
STREET ADDRESS	2 HILTON COURT		STREET ADDRESS	780 Third Ave.	
CITY-ST-ZIP	PARSIPPANY NJ 07054-4410		CITY-ST-ZIP	New York, NY 10017	
TITLE	President	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Addition	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KANICHI NAKAMURA		NAME	NORIAKI ISHIDA	
STREET ADDRESS	780 Third Ave.		STREET ADDRESS	780 Third Ave.	
CITY-ST-ZIP	New York, NY 10017		CITY-ST-ZIP	New York, NY 10017	

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:

Tatsuya Koizumi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00

Date

(212) 253 3172

Daytime Phone #

CR2E034 (9/99)