


**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 06, 2003 8:00 am**  
**Secretary of State**

03-06-2003 90136 050 \*\*\*150.00

**DOCUMENT # S12279**

1. Entity Name  
**PIONEER INTERNATIONAL (MIAMI), INC.**



Principal Place of Business  
**5200 BLUE LAGOON DR  
STE 850  
MIAMI FL 33126  
US**

Mailing Address  
**5200 BLUE LAGOON DR  
STE 850  
MIAMI FL 33126  
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0226120**

Applied For  Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

**VALEDES-FAULI CORPORATE SERVICES INC  
TWO SOUTH BISCAYNE BLVD, STE 3400  
ONE BISCAYNE TOWER  
MIAMI FL 33131-1897**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (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

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ISHIZUKA, HAJIME</b>	
STREET ADDRESS	<b>5200 BLUE LAGOON DR STE 850</b>	
CITY-ST-ZIP	<b>MIAMI FL 33126</b>	
TITLE	<b>DPST</b>	<input type="checkbox"/> Delete
NAME	<b>TANAMOTO, KAZUYOSHI</b>	
STREET ADDRESS	<b>5200 BLUE LAGOON DR. STE. 850</b>	
CITY-ST-ZIP	<b>MIAMI FL 33126</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ITO, TOSHIYUKI</b>	
STREET ADDRESS	<b>5200 BLUE LAGOON DR. STE. 850</b>	
CITY-ST-ZIP	<b>MIAMI FL 33126</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ISHIKAWA, YOSHIHIKO</b>	
STREET ADDRESS	<b>5200 BLUE LAGOON DR. STE. 850</b>	
CITY-ST-ZIP	<b>MIAMI FL 33126</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Takeuchi, Tatsuo</b>	
STREET ADDRESS	<b>5200 Blue Lagoon Dr., Ste 850</b>	
CITY-ST-ZIP	<b>Miami, Florida 33126</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Kawamura, Masahiro</b>	
STREET ADDRESS	<b>5200 Blue Lagoon Dr., Ste 850</b>	
CITY-ST-ZIP	<b>Miami, Florida 33126</b>	
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		

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: SIGNATURE OF KAZUYOSHI TANAMOTO **2/20/02** **(305) 261-4966**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)