

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2003 8:00 am
Secretary of State

01-14-2003 90080 001 ***150.00

DOCUMENT # F01000000467

1. Entity Name
NICHIREI U.S.A., INC.



Principal Place of Business
**2033 6TH AVE
SUITE 900
SEATTLE WA 98121**

Mailing Address
**2033 6TH AVE
SUITE 900
SEATTLE WA 98121**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **91-2092568**

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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. 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
NAME
STREET ADDRESS
CITY-ST-ZIP
D TOYAMA, MASATOSHI ☐ Delete
2033 6TH AVE SUITE 900
SEATTLE WA 98121

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
James F. Tune ☒ Change ☐ Addition
600 University Street, Suite 3600
Seattle, WA 98101

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D ARA, MASAHIRO ☐ Delete
2033 6TH AVE SUITE 900
SEATTLE WA 98121

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D MAESHIMA, KOICHI ☐ Delete
2033 6TH AVE SUITE 900
SEATTLE WA 98121

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP NAKAJIMA, TETSUHISA ☐ Delete
2033 6TH AVE SUITE 900
SEATTLE WA 98121

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V TAKANO, YASUHIKO ☐ Delete
2033 6TH AVE SUITE 900
SEATTLE WA 98121

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST NAGATSUKA, KAZUAKI ☐ Delete
2033 6TH AVE SUITE 900
SEATTLE WA 98121

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-3-03 206-443-5521

Date

Daytime Phone #

CR2E034 (10/02)