# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 02, 2000 8:00 am**
**Secretary of State**
05-02-2000 90051 045 ***150.00

DOCUMENT # F93000004472

1. Entity Name

YAESU MUSEN U.S.A., INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 17210 EDWARDS RD.<br>CERRITOS CA 90703 | 17210 EDWARDS RD.<br>CERRITOS CA 90703-2426 |

DO NOT WRITE IN THIS SPACE

| 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 95-2815202 ☐ Applied For ☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

ANDERSON, CLYDE F
405 NW 214TH STREET
#102
MIAMI FL 33169

**7. Name and Address of New Registered Agent**

Name: CLAUDIA CARRILLO
Street Address (P.O. Box Number is Not Acceptable): 8350 N.W. 52 ND TERRACE
SUITE # 201
City: MIAMI **FL** Zip Code: 33166

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: Claudia Carrillo
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 / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>HASEGAWA, JUN<br>42 COUNTRY LANE<br>ROLLING HILLS ESTATES CA 90274 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | CHIEF EXECUTIVE OFFICER<br>JUN HASEGAWA<br>17210 EDWARDS RD.<br>CERRITOS CA 90703 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>MARUYA, MIKIO<br>9238 ANSON RIVER<br>FOUNTAIN VALLEY CA 92708 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PRESIDENT/C.O.O<br>MASAYUKI KOBAYASHI<br>28407 RIDGETHORNE COURT<br>RANCHO PALOS VERDES, CA | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>FAMA, HERMINIA<br>135 E. JAY ST.<br>CARSON CA 90745 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E034 (9/99)

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:** HERMINIA FAMA 4-19-00 (562) 404-2700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #