

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000002352

1. Entity Name

FUJINON INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90059 004 ***158.75

Principal Place of Business

Mailing Address

10 HIGH POINT DRIVE
WAYNE NJ 07470-7434

DAI MIYAZAKI
10 HIGHPOINT DR
WAYNE NJ 07470-7431

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-2648718

Applied For

Not Applicable

Zip

Country

Zip

Country

07470-7431

USA

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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET, STE 105
TALLAHASSEE FL 32301

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.

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\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete

P
NAME TAKADA, SHOICHI
STREET ADDRESS 10 HIGH POINT DR.
CITY-ST-ZIP WAYNE NJ

TITLE ☐ Delete

S
NAME MURASE, JIRO
STREET ADDRESS HAVEMEYER ROAD
CITY-ST-ZIP ARDSLEY-ON-HUDSON NY 10503

TITLE ☐ Delete

T
NAME TAKADA, SHOICHI
STREET ADDRESS 10 HIGH POINT DRIVE
CITY-ST-ZIP WAYNE NJ 07470-7434

TITLE ☐ Delete

SFD
NAME MIYAZAKI, DAI
STREET ADDRESS 10 HIGHPOINT DR
CITY-ST-ZIP WAYNE NJ 07470-7434

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE REQUIRED

DAI MIYAZAKI

JAN 10 2000

973-633-5600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)