2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 04, 2000 8:00 am Secretary of State **DOCUMENT # G65040** 1. Entity Name IEYASU OF TOKYO, INC. 03-04-2000 90104 017 ***150.00 Malling Address Principal Place of Business 10055 ATLANTIC BLVD. 8106 BLANDIND BLVD. JACKSONVILLE FL 32225-6569 JACKSONVILLE FL 32244-5823 00030784 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For C ty & State 4. FEI Number City & State 59-2382691 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent yano. Takatoshi Street Address (P.O. Box Number is Not Acceptable) 2040 DEER RUN TRAIL JACKSONVILLE FL 32246 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PD TITLE ☐ Change ☐ Addition ☐ Delete TITLE YANO, TAKATOSKI NAME NAMÉ STREET ADDRESS 2040 DEER RUN TRAIL STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32246 CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE YANO, NOBU NAME 2040 DEER RUN TRAIL STREET ADDRESS STREET ADDRESS CITY-ST-ZIE JACKSONVILLE FL 32246 CITY-ST-ZIP ☐ Addition ☐ Change ... Delete TITL F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPED OR PROTTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Description Phone #