

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M01000001662

1. Entity Name
ITO PROPERTIES LLC

Principal Place of Business

2625 MOYERS ROAD
RICHMOND CA 94806

Mailing Address

2625 MOYERS ROAD
RICHMOND CA 94806

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

BLUMBERGEXCELSIOR CORPORATE SERVICES INC.
4435 OLD WINTER GARDEN ROAD
ORLANDO FL 32811

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ITO, REID
1330 BROADWAY SUITE 1701
OAKLAND CA 94612

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
2625 Moyers Rd.
RICHMOND, CA. 94806

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ITO, DAVID
1330 BROADWAY SUITE 1701
OAKLAND CA 94612

☐ Delete

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CITY-ST-ZIP
2625 Moyers Rd.
RICHMOND, CA. 94806

☒ Change ☐ Addition

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE

650-270-9126

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

FILED
Sep 15, 2002 8:00 am
Secretary of State

07-08-2002 90239 009 ****50.00

42652

DO NOT WRITE IN THIS SPACE

CR2003 (9/01)