

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 30, 2002 8:00 am**  
**Secretary of State**

01-30-2002 90113 009 \*\*\*150.00

**DOCUMENT # P00000059806**

1. Entity Name  
**HIRO'S YAKKO-SAN, INC.**

Principal Place of Business  
**17040-46 WEST DIXIE HWY**  
**MIAMI FL 33160**

Mailing Address  
**16445 COLLINS AVENUE**  
**APT. #2324**  
**SUNNY ISLES BEACH FL 33160**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**3007 NE 163 RD STREET**  
 Suite, Apt. #, etc.

City & State

City & State  
**NORTH MIAMI BEACH, FL**

4. FEI Number **65-1018532**  
 Applied For  
 Not Applicable

Zip Country  
**33160**

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**

**SHIGETOMI, HIROSHI**  
**16445 COLLINS AVENUE**  
**APT. #2324**  
**SUNNY ISLES BEACH FL 33160**

Name  
**SHIGETOMI, HIROSHI**  
 Street Address (P.O. Box Numbers Not Acceptable)  
**3007 NE 163RD STREET**  
 City **NORTH MIAMI BEACH** **FL** Zip Code **33160**

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, 2002 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	<input checked="" type="checkbox"/> Delete
NAME	<b>SHIGETOMI, HIROSHI</b>
STREET ADDRESS	<b>16445 COLLINS AVENUE, APT. #2324</b>
CITY-ST-ZIP	<b>SUNNY ISLES BEACH FL 33160</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>3007 NE 163RD STREET</b>
CITY-ST-ZIP	<b>NORTH MIAMI BEACH, FL 33160</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-11-02 305-945-5775**

Date Daytime Phone #

CR2E034 (9/01)