

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90075 020 ***150.00

DOCUMENT # P27589

1. Entity Name
MITSUKOSHI (U.S.A.), INC.

Principal Place of Business

12 EAST 49TH STREET
 17TH FLOOR
 NEW YORK NY 10017
 US

Mailing Address

7232 SANDLAKE RD.
 SUITE 303
 ORLANDO FL 32819
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **99-0175285**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324

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, 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 **S** ☐ Delete
 NAME **MURASE, JIRO**
 STREET ADDRESS **400 PARK AVE.**
 CITY-ST-ZIP **NEW YORK NY**

TITLE **V** ☐ Change ☒ Addition
 NAME **FUJII, SHUNSUKE**
 STREET ADDRESS **24124 KALAKAUA AVE., RM. 134B**
 CITY-ST-ZIP **HONOLULU, HI 96815**

TITLE **V** ☒ Delete
 NAME **WATANABE, YOSHINORI**
 STREET ADDRESS **24124 KALAKAUA AVE., RM. 134B**
 CITY-ST-ZIP **HONOLULU HI 96815**

TITLE **P** ☐ Change ☒ Addition
 NAME **NOSE, KOJI**
 STREET ADDRESS **12 EAST 49TH ST., 17TH FLOOR**
 CITY-ST-ZIP **NEW YORK, NY 10017**

TITLE **V** ☐ Delete
 NAME **SHIGEMATSU, KEN**
 STREET ADDRESS **1-4-1 NIHOMBASHI-MUROMACHI**
 CITY-ST-ZIP **CHUO-KU, TOKYO JAPAN**

TITLE **V** ☐ Change ☒ Addition
 NAME **GOZU, MAKOTO**
 STREET ADDRESS **7232 SANDLAKE RD. #303**
 CITY-ST-ZIP **ORLANDO, FL 32819**

TITLE **P** ☒ Delete
 NAME **TETSUYAMA, YUTAKA**
 STREET ADDRESS **12 EAST 49TH ST, 17TH FLOOR**
 CITY-ST-ZIP **NEW YORK NY**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** ☒ Delete
 NAME **NOSE, KOJI**
 STREET ADDRESS **7232 SANDLAKE RD. #303**
 CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 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:

Makoto Gozu
MAKOTO GOZU
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 11, 2002 (407)352-1986

Date

Daytime Phone #

0106147 AV

3-0010

CR2E034 (9/01)