## 2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # P41164** Apr 10, 2000 8:00 am Secretary of State 1. Entity Name MARUTO SEA VEGETABLES, INC. 04-10-2000 90008 028 \*\*\*150.00 Principal Place of Business Mailing Address 1487 W. 178TH ST. 1487 W. 178TH ST. GARDENA CA 90248-3201 GARDENA CA 90248 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 33-0236868 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name XL CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 344 OFFICE PLAZA TALLAHASSEE FL 32301 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change ☐ Addition ☐ Delete TITLE TITLE OKAZE, MUNEHIRO NAME NAME STREET ADDRESS 1487 W. 178TH ST. 1F STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **GARDENA CA** ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME OKAZE, TADAYUKI STREET ADDRESS STREET ADDRESS 1487 W. 178TH ST. 1F CITY-ST-ZIP CITY-ST-ZIP **GARDENA CA** ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME KATO, SHIZUKO STREET ADDRESS STREET ADDRESS 1487 W. 178TH ST. 1F CITY-ST-ZIP CITY-ST-ZIP **GARDENA CA** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE 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 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 of 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 a state-florida Statutes. changed, or on an attachment with address, with all other like empowered. (310) 538-0100 MOKAZE 4/3/00 SIGNATURE:

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR