

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000021655

1. Entity Name
MARUGEN CITRUS AMERICA, INC.

FILED
Feb 21, 2001 8:00 am
Secretary of State

02-21-2001 90023 029 ***158.75

Principal Place of Business

Mailing Address

**305 AVENUE S.W.
WINTER HAVEN FL 33882**

**C/O MARUGEN INRYO INDUSTRY CO., LTD.
4-7-8 TACHIBANA, SUMIDA-KU
TOKYO 131, JAPAN**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3432321**

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

**INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVE.
SUITE 3000
MIAMI FL 33131**

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, 2001 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	D	<input type="checkbox"/> Delete
NAME	ABE, TOSHIYUKI	
STREET ADDRESS	4-7-8 TACHIBANA, SUMIDA-KU	
CITY-ST-ZIP	TOKYO 131, JAPAN	
TITLE	D	<input type="checkbox"/> Delete
NAME	ABE, TAKAAKI	
STREET ADDRESS	4-7-8 TACHIBANA, SUMIDA-KU	
CITY-ST-ZIP	TOKYO 131, JAPAN	
TITLE	D	<input type="checkbox"/> Delete
NAME	ABE, ISAO	
STREET ADDRESS	4-7-8 TACHIBANA, SUMIDA-KU	
CITY-ST-ZIP	TOKYO 131, JAPAN	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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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: TAKAAKI ABE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/2001
Date

81-2-3617
-1731
Tokyo, Japan

CR2E034 (10/00)