2002 UNIFORM BUSINESS REPORT UBR) Feb 13, 2002 8:00 am **DOCUMENT #** P99000090772 **Secretary of State** 1. Entity Name 02-13-2002 90203 039 ***150.00 HANAGASA, INC. Principal Place of Business Mailing Address 1781 N. UNIVERSITY DR. 1781 N. UNIVERSITY DR. PLANTATION FL 33322 PLANTATION FL 33322 3. Mailing Address 2. Principal Place of Business 1198 MARKET 198 MARKET DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0987673 WESTON NESTON Not Applicable \$8.75 Additional 5. Certificate of Status Desired 332/ ROWARD 3 ROWARD Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HORIKOSHI TOYOKO LIN, STEVE K Street Address (P.O. Box Number is Not Acceptable) 1781 N. UNIVERSITY DR. MARKET ST **PLANTATION FL 33322** WESTON 8. The above named entity submits this statement for the purpose of changing its register d office or registered agent, or both, in the State of Fiorida. SIGNATURE (NOTE: Registe Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After May 1, 2002 Fe will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to (See criteria on back) partment of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (9/01) TITLE Delete ☐ Change ☐ Addition NAME LIN, STEVE K STREET ADDRESS 5343 N. STATE RD. 7 ET ADDRESS CR2E034 -ST-ZIP CITY-ST-ZIP TAMARAC FL 33319 TITLE Delete TII 62 Change ☐ Addition NAME HORIKOSHI, TOYOKO HORIKOSHI, TOYOKO STREET ADDRESS 1781 N. UNIVERSITY DR. ST ET ADDRESS 1798 MARKET ST. CITY-ST-ZIP cr ST: ZIP. **PLANTATION FL 33322** TITLE ☐ Delete TIT ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITE ☐ Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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 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.

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

☐ Delete

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

TITLE

NAME

STREET ADDRESS

(/24/02 G

(954)659-784 Daytime Phone #

Change

☐ Addition