**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 14, 2002 8:00 am Secretary of State DOCUMENT # F96000002890 1. Entity Name 02-14-2002 90030 003 \*\*\*150.00 HANKYU INTERNATIONAL TRANSPORT (USA), INC. Principal Place of Business Mailing Address 5353 W IMPERIAL HWY 5353 W IMPERIAL HWY LOS ANGELES CA 90045 LOS ANGELES CA 90045 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 95-2668593 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROBERT CRUZ TANABE, HIROTOSHI Street Address (P.O. Box Number is Not Acceptable) 8861 NW 18TH TERRACE SUITE 110 10180 NW 54 TERRACE **MIAMI FL 33172** 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. ROBERT CRUZ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CR2E034 (9/01) Delete TITLE ☐ Change Addition NAME NAME TAKANORI, TADA STREET ADDRESS STREET ADDRESS 3701 TORRANCE BLVD. CITY-ST-7/P **TORRANCE CA 90503** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME MAKOTO, MATSUMOTO STREET ADDRESS STREET ADDRESS 2412 MATHEWS AVENUE UNIT 6 CITY - ST- 7iP CITY-ST-7IP REDONDO BEACH CA 90278 TITLE ☐ Delete TITLE **VP** Change ☐ Addition NAME NAME OIKE, PAUL A STREET ADDRESS STREET ADDRESS 5142 FAIRBANKS WAY CITY-ST-ZIP CITY-ST-ZIP CULVER CITY CA 90230 TITLE ☐ Delete TITLE Change Addition NAME ROCKOVE, ALFRED STREET ADDRESS STREET ADDRESS **651 VANDERBILT ST** CITY-ST-ZIP CITY-ST-ZIP BROOKLYN NY 90803 TITLE Delete TITLE ☐ Change ☐ Addition NAME DUGAN, MICHAEL STREET ADDRESS STREET ADDRESS **5639 SORRENTO DR** CITY-ST-ZIP CITY-ST-ZIP LONG BCH FL 90803 TITLE ☐ Delete TITLE Addition NAME NAME MOSS, KURT STREET ADDRESS STREET ADDRESS 657 PACKARD DR CITY-ST-ZIP CITY-ST-ZIP **ELGIN FL 60120** 13. Thereby 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

SIGNATURE:

MAKOTO MATSUMOTO P

changed, or on an attachment with an address, with all other like empowered

310-258-9410