

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

0570454 AV

**DOCUMENT # H55863**

1. Entity Name  
**GOLDEN HOUSE OF CHIEFLAND, INC.**



04-24-2003 90243 018 \*\*\*150.00

Principal Place of Business  
**3906 S SUNCOAST BLVD  
HOMOSASSA SPRINGS FL 34448**

Mailing Address  
**3906 S SUNCOAST BLVD  
HOMOSASSA SPRINGS FL 34448**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2535582**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHEN, KATHERINE  
16 GULF VIEW COURT  
HOMOSASSA FL 34448**

Name **JIANMIN LI**  
Street Address (P.O. Box Number is Not Acceptable)

**3906 S SUNCOAST BLVD**

City **HOMOSASSA SPRINGS FL** Zip Code **34448**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Jianmin Li*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**02-09-03**  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Delete  
NAME **WEN, PAN**  
STREET ADDRESS **9405 CRAB TREE LANE**  
CITY-ST-ZIP **PORT RICHEY FL 34668**

TITLE **P** ☐ Change ☐ Addition  
NAME **JIANMIN LI**  
STREET ADDRESS **16808 LANDINGS POINTE LN # 308**  
CITY-ST-ZIP **TAMPA, FL 33624**

TITLE **ST** ☒ Delete  
NAME **CHEN, KATHERINE**  
STREET ADDRESS **16 GULF VIEW**  
CITY-ST-ZIP **HOMOSASSA SPRINGS FL 34448**

TITLE **PD** ☒ Change ☐ Addition  
NAME **CHEN, SHENG GUAN**  
STREET ADDRESS **3906 S SUNCOAST BLVD**  
CITY-ST-ZIP **HOMOSASSA SPRINGS FL 34448**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **P-D** ☒ Change ☐ Addition  
NAME **LI, JIANMIN**  
STREET ADDRESS **16808 LANDINGS POINTE LN # 308**  
CITY-ST-ZIP **TAMPA, FL 33624**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jianmin Li*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**02-09-03**  
Date Daytime Phone #

CR2E034 (10/02)