

2001 UNIFORM BUSINESS REPORT (UBR)

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

05-21-2001 90375 038 ***150.00

DOCUMENT # 566437 ✓
 1. Entity Name
Golden House Chinese Restaurant, Inc.

Principal Place of Business Mailing Address
908 W. Sunrise Blvd. 908 W. Sunrise Blvd.
St. Lauderdale, Fl. 33311 St. Lauderdale, Fl. 33311

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

00055913

DO NOT WRITE IN THIS SPACE

4. FEI Number *59-1905233* Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Ho, Pui C.
908 N. Sunrise Blvd.
St. Lauderdale, Fl. 33311

7. Name and Address of New Registered Agent
 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 _____ DATE _____
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 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 NAME STREET ADDRESS CITY-ST-ZIP	<i>VS</i> <i>Ho, Mui Mui</i> <i>6420 NW 50 Street</i> <i>Coral Springs, Fl.</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Ho Pui C</i> <i>6420 NW 50 Street</i> <i>Coral Springs, Fl.</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2E034 (11/00)

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: *Ho Pui C* 5-15-2001 954 462 0387
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #