2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 25, 2002 8:00 am & Secretary of State DOCUMENT # 566437 1. Entity Name GOLDEN HOUSE CHINESE RESTAURANT, INC. Principal Place of Business Mailing Address 908 W. SUNRISE BLVD. 908 W. SUNRISE BLVD. FT. LAUDERDALE FL 33311 FT. LAUDERDALE FL 33311 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 59-1905233 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired ٤ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HÔ, PUI C. Street Address (P.O. Box Number is Not Acceptable) 908 N. SUNRISE BLVD. FT. LAUDERDALE FL 33311 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) FILE NOW!!! FEE 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 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. **VS** ☐ Addition TITLE ☐ Delete TITLE ☐ Change HO, MUI MUI NAME NAME 6420 NW 50 ST STREET ADDRESS STREET ADDRESS CITY-ST-7IP CORAL SPRINGS FL CITY-ST-ZIP PD ☐ Delete TITLE ☐ Addition HO, PUI C NAME NAME 6420 NW 50 ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS FL CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE 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.

3-12-02 954-462-0387 Date Daytime Phone #