

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000004478

1. Entity Name

GOOD VALUE FURNITURE CORPORATION

Principal Place of Business

6505 GAYHART ST
COMMERCE CA 90040

Mailing Address

6505 GAYHART ST
COMMERCE CA 90040-2507

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90053 016 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **95-4460666**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DANIEL, MONTY
1100 NW 159TH DRIVE
MIAMI FL 33161

7. Name and Address of New Registered Agent

Name **STEPHANIE WU**
Street Address (P.O. Box Number is Not Acceptable)
1100 NW 159TH DRIVE
City **MIAMI** **FL** Zip Code **33161**

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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

4/14/2000

DATE

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, 2000 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

TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	YEH, JOHN	
STREET ADDRESS	6505 GAYHART ST	
CITY-ST-ZIP	COMMERCE CA 90040	
TITLE	VD	<input type="checkbox"/> Delete
NAME	YEH, GINA	
STREET ADDRESS	6505 GAYHART ST	
CITY-ST-ZIP	COMMERCE CA 90040	
TITLE	DST	<input type="checkbox"/> Delete
NAME	TSAI, PO Y	
STREET ADDRESS	6505 GAYHART ST	
CITY-ST-ZIP	COMMERCE CA 90040	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	WU, JAMES	
STREET ADDRESS	6505 GAYHART ST	
CITY-ST-ZIP	COMMERCE CA 90040	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DEBBY KU	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6505 GAYHART ST, COMMERCE CA 90040	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PO YUN WEBB	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6505 GAYHART ST, COMMECE CA 90040	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SUSAN LIN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6505 GAYHART ST, COMMECE CA 90040	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE:

REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/2000

Date

323/888-1688

Daytime Phone #

CR2E034 (9/99)