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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **H41284**

1. Corporation Name

NEW GOLDEN GATE CHINESE TAKE-OUT RESTAURANT, INC

•												
Principal Place	of Business	Mailing Address				•					•	
WEST 45TH STREET PLAZA		WEST 45TH STREET PLAZA										
1745 45TH ST.		1745 45TH ST.						DO NOT	WRITE IN	THIS SPAC	CF.	
WEST PALM BEACH FL 33407		WEST PALM DEAG	WEST PALM BEACH FL 33407				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed					
							02/06/19	· .				į
2. Principal Pla	aco of Business	2a. Mailing Addre					4. FEI Numb		 _		Apr	olied For
-	ace of business	26	030				59-2527					Applicable
Suite Ant #	, etc	Suite, Apt.,#,	etc							\$8		dditional
22		27					5. Certifcate	of Status Desire	ad L		Fee Red	
City & State		City & State		· · · · ·			6 Election C	ampaign Financ	cina	\$	5.00	May Be
23		28					1	d Contribution	g []		Added to	- 1
Zip	Country	Zip		Country	,		8. This corpo	oration owes the	current ye	ear Intangib	e	
24	25	29	30]				Property Tax.	<u> </u>	V		□No
1	9. Name and Address of Curre						10. Name and	d Address of N	ew Regist	tered Agen	t	
				81	Na	me						•
	HOI SIU			82	Str	oot Addre	ess (P.O. Box Nu	mber is Not Ac	rentable)			
	CIRCLE LAKE DR.			02	3"	eet Addie	555 (I .O. DOX 140	Milet is Not No	coptable			
W. PA	ALM BCH. FL 33417			83	1					•		
									.	1	J 70 O	
				84	Cit	у				FL 85	Zip C	ode
office or red	o the provisions of Sections 607.05	e of Florida. Such chanc	ge was autho	orized by	the c	ned corpo	oration submits the on's board of direct	his statement for ctors. I hereby a	r the purpo sccept the	sse of chang appointmer	ging its i it as reg	registered jistered
office or reg agent. I am SIGNATURE	gistered agent, or both, in the Stat n familiar with, and accept the oblig	e of Florida. Such chang gations of, Section 607.0	ge was autho 3505, Florida	orized by Statutes	the c	corporatio	in's board of dire	his statement for ctors. I hereby a	r the purpo accept the	appointmer	ging its i it as reg	registered pistered
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14. 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 annual report or supplemental annual 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 with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP