

5/12/01

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Jun 02, 2001 8:00 am  
Secretary of State

04/27/2001 13:37 4076714352

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05-12-2001 90028 030 \*\*\*150.00

**2001 UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT #</b> H46169		1. Entity Name <b>Golden Peninsula, Inc.</b>	
Principal Place of Business <b>4042 Goldenrod Rd. Winter Park, FL 32792</b>		Mailing Address <b>4042 Goldenrod Rd. Winter Park, FL 32792</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
4. FEI Number <b>59-2655254</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>Tsoi, Lai Fai 4042 Goldenrod Road Winter Park, FL 32792</b>		7. Name and Address of New Registered Agent Name <b>Zhi Gen Liang</b> Street Address (P.O. Box Number is Not Acceptable) <b>4042 Goldenrod Road</b> <b>Winter Park FL 32792</b>	
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: <i>[Signature]</i> DATE: <b>006</b> <small>Signature, typed or printed name of registered agent and fee applicable (NOTE: Registered Agent Signature required when reinstating)</small>			
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. <input type="checkbox"/>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>DP</b>	NAME <b>Tsoi, Lai Fai</b>	TITLE	NAME
STREET ADDRESS <b>4042 Goldenrod Road</b>	CITY- ST- ZIP <b>Winter Park, FL 32792</b>	STREET ADDRESS	CITY- ST- ZIP
TITLE <b>DP</b>	NAME <b>Zhi Gen Liang</b>	TITLE	NAME
STREET ADDRESS <b>4042 Goldenrod Road</b>	CITY- ST- ZIP <b>Winter Park, FL 32792</b>	STREET ADDRESS	CITY- ST- ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY- ST- ZIP	STREET ADDRESS	CITY- ST- ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY- ST- ZIP	STREET ADDRESS	CITY- ST- ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY- ST- ZIP	STREET ADDRESS	CITY- ST- ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY- ST- ZIP	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)(f), 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 807, 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: <i>[Signature]</i>		DATE: <b>4/27/01</b>	

*revised by  
P.O Box 1500  
Jallahassee, FL  
32307-1500  
OK for \$150 to - 47826  
Dept. of State*