2002 Uniform Business Report (UBR)

Mar 27, 2002 8:00 am **Secretary of State** DOCUMENT # J54602 1. Entity Name 03-27-2002 90079 016 ***150.00 GOLDEN PEDALS INTERNATIONAL, INC. ... Principal Place of Business Mailing Address DUUJAbbb 3633 HENDERSON ROME Blvd. 3633 HENDERSON TO 5 Blvd. **TAMPA FL 33609 TAMPA FL 33609** 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 59-2777631 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Same TUAN ANH LE Street Address (P.O. Box Number is Not Acceptable) 3633 HENDERSON BLVD. TAMPA FL 33609 City Zip Code 8. The above named entity subnitis this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Tuan Anh Le, President (NOTE: Registered Agent signature required when reinstating) SIGNATURE Signature, typed or printed name of registered agent and title if applicable 03/12-02 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 Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME LE, TUAN ANH Same STREET ADDRESS STREET ADDRESS 7505 EXTER WAY CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33615 ☐ Delete ☐ Addition TITLE Change TITLE VP NAME NAME NGUYEN, MARIA K Same STREET ADDRESS STREET ADDRESS 8903 SOUTHBAY DR. CITY-ST-ZIP CITY-ST-ZIP TAMPA FL_33615 ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE ☐ Addition NAME NAME

13. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/12-02

(813)87226900

FILED

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