2001 UNIFORM BUSINESS REPORT (UBR)

06-06-2001 90004 031 ****61.25
K87897

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUN 13 AM 9:52

[redacted]

DO NOT WRITE IN THIS SPACE

DOCUMENT # K87897

1. Entity Name
GOLDEN FOUNTAIN CHINESE KITCHEN, INC.

Principal Place of Business	Mailing Address
YET SZE LEE 9371 NW 37TH COURT SUNRISE FL 33351-6416	YET SZE LEE 9371 NW 37TH COURT SUNRISE FL 33351-6416

2. Principal Place of Business		3. Mailing Address	
5100 W. COMMERCIAL BLVD		5100 W. COMMERCIAL BLVD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: TAMARAC		City & State: TAMARAC	
Zip: 33319	Country	Zip: 33319	Country

4. FEI Number 65-0120142 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LEE, YET SZE
9371 NW 37TH COURT
SUNRISE FL

7. Name and Address of New Registered Agent

Name KAM WAH WONG
Street Address (P.O. Box Number is Not Acceptable)
5100 W. COMMERCIAL BLVD
City TAMARAC FL Zip Code 33319

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] (KAM WAH WONG, PRESIDENT) 4/2/01
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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, 2001 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LEE, YET SZE 9371 NW 37TH COURT SUNRISE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KAM WAH WONG 5100 W. COMMERCIAL BLVD TAMARAC, FL 33319	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	6/13	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/00)

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: [signature] PRESIDENT 4/2/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE