

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L06382

1. Entity Name

GOLDEN GATE INTERNATIONAL, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90026 001 ***150.00

Principal Place of Business

Mailing Address

% BO-YU LAO
4949 INTERNATIONAL DRIVE, #FC3
ORLANDO FL 32819

P.O. BOX 1807
OCALA FL 34478-1807
US

2. Principal Place of Business

3. Mailing Address

C/O PAI-CHUN LIAO

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4949 INTERNATIONAL DRIVE #FC3

City & State

City & State

ORLANDO, FL

Zip

Country

Zip

Country

32819

4. FEI Number 59-2980825

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAO, BO-YU
4949 INTERNATIONAL DRIVE, #FC-3
ORLANDO FL 32819

Name LIAO, PAI-CHUN

Street Address (P.O. Box Number is Not Acceptable)

7212 GREEN PINE CT.

City ORLANDO

FL

Zip Code
32819

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, 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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME LAO, BO-YU
STREET ADDRESS 10026 BUNKER RD
CITY-ST-ZIP LEESBURG FL 34788 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE PDST
NAME LIAO, PAI-CHUN
STREET ADDRESS 7466 FAIRWAY DR
CITY-ST-ZIP LEESBURG FL 34788 ☐ Delete

TITLE
NAME
STREET ADDRESS 7212 Green Pine Ct.
CITY-ST-ZIP ORLANDO, FL 32819 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/00

CR2E034 (9/99)