

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 JUL 17 PM 12:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L99000004686

1. Entity Name

CALIFORNIA SOLE, LLC

Principal Place of Business

6965 SOUTHPORT DRIVE  
BOYNTON BEACH FL 33437

Mailing Address

6965 SOUTHPORT DRIVE  
BOYNTON BEACH FL 33437

2. Principal Place of Business

9615 Brighton Way

3. Mailing Address

7865 E. Hollow Oak RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE



City & State

Beverly Hills, CA

City & State

Anaheim Hills, CA

4. FEI Number

33-0868184

Applied For

Not Applicable

Zip

Country

90210

USA

Zip

Country

92808

USA

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GILMAN, BEN

6965 SOUTHPORT DRIVE

BOYNTON BEACH FL 33437

Name

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

City

FL

Zip Code

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 Ben Gilman

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/12/00

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

-07/25/00--01052--007

\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete  
NAME CHIA-YU HUANG, THOMAS  
STREET ADDRESS 92-29 QUEENS BLVD., APT 18G  
CITY-ST-ZIP REGO PARK NY

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

TITLE Vice President ☐ Delete  
NAME Anthony C.J. Wang  
STREET ADDRESS 7865 E. Hollow Oak Rd.  
CITY-ST-ZIP Anaheim Hills, CA 92808

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

ANTHONY C. J. WANG  
Signature and typed or printed name of signing managing member or manager

Date

Daytime Phone #

CR2E083 (5/00)