

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000054551

1. Entity Name  
GOLDEN DRAGON SUSHI ENTERPRISES, INC.

**FILED**  
**May 21, 2001 8:00 am**  
**Secretary of State**

05-21-2001 90343 030 \*\*\*150.00

Principal Place of Business  
2690 DREW STREET #620  
CLEARWATER FL 33759

Mailing Address  
2690 DREW STREET #620  
CLEARWATER FL 33759

658871

2. Principal Place of Business  
2909, Gulf To Bay Blvd. #  
Suite, Apt. #, etc.  
Q-109

3. Mailing Address  
2909, Gulf To Bay Blvd.  
Suite, Apt. #, etc.  
Q-109



DO NOT WRITE IN THIS SPACE

City & State  
Clearwater, FL 33759

City & State  
Clearwater FL

4. FEI Number  
59-3643239

Applied For  
Not Applicable

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

Zip Country  
33759 USA

Zip Country  
FL-33759 U.S.A

6. Name and Address of Current Registered Agent  
HTUT, TIN  
2690 DREW STREET #620  
CLEARWATER FL 33759

7. Name and Address of New Registered Agent  
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 *[Signature]* DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 HTUT, TIN 2690 DREW STREET #620 CLEARWATER FL 33759	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.15.01

Date

727-793-9652

Daytime Phone #

0366791

CR2E034 (10/00)