

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000061334

1. Entity Name
GOLDEN WHEEL ORIENTAL FOODS INC.

FILED
Jun 11, 2002 8:00 am
Secretary of State

06-11-2002 90395 001 ***150.00

Principal Place of Business
5236 SW 120 AVENUE
COOPER CITY FL 33330

Mailing Address
5236 SW 120 AVENUE
COOPER CITY FL 33330

B0124900



2. Principal Place of Business
6807 STIRLING RD,
Suite, Apt. #, etc.

3. Mailing Address
6807 STIRLING RD,
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
DAVIE, FL

City & State
DAVIE, FL

4. FEI Number
65-1115698

Applied For
Not Applicable

Zip
33314

Country
U.S.A.

Zip
33314

Country
U.S.A.

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

6. Name and Address of Current Registered Agent

LIN, CHU L
5236 SW 120 AVENUE
COOPER CITY FL 33330

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, 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, 2002 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

TITLE PD
NAME OU, PEI
STREET ADDRESS 5236 SW 120 AVENUE
CITY-ST-ZIP COOPER CITY FL 33330 ☐ Delete

TITLE TD
NAME LIN, CHU L
STREET ADDRESS 5236 SW 120 AVENUE
CITY-ST-ZIP COOPER CITY FL 33330 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/6/02

Date

Daytime Phone #

CR2E034 (9/01)