2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2003 8:00 am
Secretary of State
05-27-2003 90165 023 ***150.00

03455652 AV

DOCUMENT # P01000061334

1. Entity Name
GOLDEN WHEEL ORIENTAL FOODS INC.

Principal Place of Business	Mailing Address
6807 STIRLING RD. DAVIE FL 33314	6807 STIRLING RD. DAVIE FL 33314

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-1115698 ☐ 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
LIN, CHU L 5236 SW 120 AVENUE COOPER CITY FL 33330	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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

CR2E034 (10/02)

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	OU, PEI		NAME		
STREET ADDRESS	5236 SW 120 AVENUE		STREET ADDRESS		
CITY-ST-ZIP	COOPER CITY FL 33330		CITY-ST-ZIP		
TITLE	TD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	LIN, CHU L		NAME		
STREET ADDRESS	5236 SW 120 AVENUE		STREET ADDRESS		
CITY-ST-ZIP	COOPER CITY FL 33330		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED CHU LIN 5/9/03 (954) 689-8192
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT

80121478
P01000061334

GOLDEN WHEEL ORIENTAL FOODS INC.

6807 STIRLING ROAD, DAVIE, FL 33314
TEL: (954) 689-8192 FAX: (954) 689-8171
E-MAIL: LMHSEWPART@AOL.COM

5/9/03

TO: UNIFORM Business Report division of Corp

ATTN: Dear SIRS:

WE ARE VERY SORRY FOR our DELAY FILE. BECOUSE I AM IN Hospital since 4/5 - 4/25'03 AFTER GET OUT FROM Hospital, I AM. STAY IN Home ABOUT ANOTHER TWO WEEK. WE HOPE You CAN ACCEPT our DELAY. FILE. THANKS You UNDERSTAND.

CHU LI LIN

朱麗麟