

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2003 8:00 am
Secretary of State

03-31-2003 90170 028 ***150.00

DOCUMENT # P01000068266

1. Entity Name

GOLD ASIA LIMITED CORP.



Principal Place of Business

520 NW 26TH STREET
MIAMI FL 33127

Mailing Address

520 NW 26TH STREET
MIAMI FL 33127

55052248

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 65-1128301

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

VAZQUEZ, HECTOR
1790 WEST 49TH ST
SUITE 217
HIALEAH FL 33012

Name NIETO GABRIEL

Street Address (P.O. Box Number is Not Acceptable)
520 NW 26TH STREET

City MIAMI

FL

Zip Code 33127

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

Gabriel Nieto

(NOTE: Registered Agent signature required when reinstating)

3/20/03

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME CHANG, CHIH-HUA
STREET ADDRESS 1930 NORTH MIAMI AVENUE
CITY-ST-ZIP MIAMI FL 33138 ☐ Delete

TITLE VP
NAME NIETO, GABRIEL
STREET ADDRESS 1930 NORTH MIAMI AVENUE
CITY-ST-ZIP MIAMI FL 33138 ☐ 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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

Gabriel Nieto

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/03

DATE

Daytime Phone #

CR2E034 (4/03)