

FILED
Jun 03, 2002 8:00 am
Secretary of State

05-12-2002 90634 025 ***150.00

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000070218

1. Entity Name

GOLDEN HONG KONG RESTAURANT, INC.

Principal Place of Business

4661 NW 199TH STREET
 CAROL CITY FL 33055

Mailing Address

4661 NW 199TH STREET
 CAROL CITY FL 33055

2. Principal Place of Business

4661 NW 199th ST

3. Mailing Address

18 E. Broadway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6th FL

City & State

Carol City FL

City & State

New York NY

4. FEI Number

65-1117647

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

YUNG, CHO MO

4661 NW 199TH STREET
 CAROL CITY FL 33055

7. Name and Address of New Registered Agent

Name

Shu Fang Yu

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

4661 NW 199th ST

City

Carol City

FL

Zip Code

33055

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

Shu Fang Yu (President)

4/23/02

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 NAME: Shu Fang Yu (President) ☐ Delete
 STREET ADDRESS: 4661 NW 199th Street
 CITY-ST-ZIP: Carol City FL 33055

TITLE NAME: ☐ Delete
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE NAME: ☐ Delete
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE NAME: ☐ Delete
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE NAME: ☐ Delete
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE NAME: ☐ Delete
 STREET ADDRESS:
 CITY-ST-ZIP:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME: ☐ Change ☐ Addition

STREET ADDRESS:
 CITY-ST-ZIP:

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

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

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

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

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

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:

Shu Fang Yu

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)