2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

8

DOCUMENT # P01000070218

1. Entity Name
GOLDEN HONG KONG RESTAURANT, INC.

Principal Place of Business	Mailing Address
4661 NW 199TH STREET	18 E BROADWAY
CAROL CITY FL 33055	6TH FL
	NEW YORK NY 10002

2. Principal Place of Business
4661 NW 199th ST
Suite, Apt. #, etc.

3. Mailing Address
4661 NW 199th ST
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State: Carol City, FL
City & State: Carol City, FL

4. FEI Number 65-1117647

☐ Applied For
☐ Not Applicable

Zip: 33055-   Country: USA
Zip: 33055   Country: USA

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

6. Name and Address of Current Registered Agent

YU, SHU F
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. I am familiar with, and accept the obligations of registered agent.

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

DATE 8/21/03

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		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	YU, SHU F		NAME			
STREET ADDRESS	4661 NW 199TH STREET		STREET ADDRESS			
CITY-ST-ZIP	CAROL CITY FL 33055		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
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CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

CR2E034 (4/03)

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 X SIGNATURE REQUIRED Shu Fang Yu 9/0/03 305-621-9005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #