2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P01000099394

1. Entity Name

GOLDEN OPPORTUNITY REALTY CORPORATION



FILED Apr 17, 2003 8:00 am Secretary of State 04-17-2003 90597 041 ***150.00

11215 NW 441 CORAL SPRIN		Maiing Address 11215 NW 44TH STREET CORAL SPRINGS FL 33065								
2. Principal P	Place of Business	3. Mailing Address						ar ia 1 0 410 30000 4811	8 (8)))	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES			
City & State	e /	City & State			4. FEI Number 01-064		O1-0640184		Applied For Not Applicable	
Zip	Country		Zip		Country 5		Certificate of Status Desired 1 1 7		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent						7. N	Name and Address of New Registe	red Agent		
المواجعة المسترضونين المراجعة					Name					
WU, JAME	ES G		Street Address (P.O.			ss (PO B	Box Number is Not Acceptable)			
11215 NW	/ 44TH STREET		dicet Address (on transfer to the need plane,			
CORAL SE	PRINGS FL 33065								ľ	
					City		·	FL Zip Co	ode	
	named entity submits this statement for ions of registered agent			gistere	ed office or regis	stered age			n, and accept	
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable	Mes Wu (NOTE: R	legistered	1 Agent signature requ	uired when re	oinstating)	-/4 -8 3 DATE		
After	ILE NOW!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o	f State					Election Campaign Financin Trust Fund Contribution.	~ _ ~ .	.00 May Be ed to Fees	
10.	OFFICERS AND	DIRECTORS		11.		AD	DITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 11	
TITLE	D		☐ Delete	TITLE				☐ Change	e 🔲 Addition	
NAME	WU, JAMES G			NAM						
STREET ADDRESS	11215 NW 44TH STREET				ET ADDRESS					
CITY-ST-ZIP	CORAL SPRINGS FL 33065			CITY	ST-ZIP					
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STREET ADDRESS CITY-ST-ZIP	٠			•	ST-ZIP				ĺ	
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CITY-ST-ZIP				CITY	ST-ZIP					
12. I hereby o	certify that the information supplied with	this filing does	s not qualify for th	ie exei	nption stated in	Section	119.07(3)(i), Florida Statutes. I furthe	er 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 per like empowered.

SIGNATURE: