

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-25-2003 90319 019 ***150.00

DOCUMENT # P02000023026

1. Entity Name
GOLDEN DYNASTY BUFFET AND CHINESE RESTAURANT, IN C.



Principal Place of Business
6943 RATTLESNAKE HAMMOCK ROAD
NAPLES FL 34113

Mailing Address
6943 RATTLESNAKE HAMMOCK ROAD
NAPLES FL 34113

40008732



2. Principal Place of Business

4943 RATTLESNAKE HAMMOCK RD.

Suite, Apt. #, etc.

3. Mailing Address

4943 RATTLESNAKE HAMMOCK RD.

Suite, Apt. #, etc.

☒ **CHECK HERE IF MAKING CHANGES**

City & State

NAPLES FL

Zip
34113

Country
USA

City & State

NAPLES FL

Zip
34113

Country
USA

4. FEI Number

75-3020396

☒ **Applied For**

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

YUEN, YIM PING

6943 RATTLESNAKE HAMMOCK ROAD
NAPLES FL 34113

7. Name and Address of New Registered Agent

Name

YIM - PING YUEN

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

4943 RATTLESNAKE HAMMOCK RD.

City

NAPLES

FL

Zip Code

34113

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

Yim - Ping Yuen - YIM - PING YUEN DIRECTOR

4/23/03

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**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	YUEN, YIM PING	
STREET ADDRESS	6943 RATTLESNAKE HAMMOCK ROAD	
CITY-ST-ZIP	NAPLES FL 34113	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	YUEN, YIM PING		
STREET ADDRESS	4943 RATTLESNAKE HAMMOCK ROAD		
CITY-ST-ZIP	NAPLES FL 34113		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
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
Yim - Ping Yuen - YIM - PING YUEN

4/23/03

(239) 732-9669

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)