

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000023535

1. Entity Name
GOLDEN CHOPSTICKS EXPRESS, INC.

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90257 037 ***150.00

Principal Place of Business
1605 OVIEDO MARKETPLACE BLVD
SUITE 1335
OVIEDO FL 32765
US

Mailing Address
1605 OVIEDO MARKETPLACE BLVD
SUITE 1335
OVIEDO FL 32765
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

4. FEI Number **59-3232833**

Applied For
Not Applicable

Zip Country Zip Country

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

HSIAO, CHIN-JUI
1605 OVIEDO MARKETPLACE BLVD
SUITE 1335
OVIEDO FL 32765

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ (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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP
NAME HSIAO, CHIN-JUI
STREET ADDRESS 1605 OVIEDO MARKETPLACE BLVD, SUITE 1335
CITY-ST-ZIP OVIEDO FL 32765 ☐ Delete

TITLE DP
NAME HSIAO CHIN-JUI
STREET ADDRESS 1605 OVIEDO MARKETPLACE BLVD SUITE 1335
CITY-ST-ZIP OVIEDO FL 32765 ☐ Change ☐ Addition

TITLE DST
NAME HSIAO-TSENG, MEI-JUNG
STREET ADDRESS 1605 OVIEDO MARKETPLACE BLVD, SUITE 1335
CITY-ST-ZIP OVIEDO FL 32765 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Chin-Jui HSIAO

Date Daytime Phone #

CR2E034 (10/00)