

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90005 026 ***150.00

DOCUMENT # P95000007240

1. Entity Name

Good Friends Combination, Inc.

Principal Place of Business

Mailing Address

759 W 78 Street
 Hialeah, FL 33014

759 W 78 Street
 Hialeah, FL 33014

2. Principal Place of Business

3. Mailing Address

Suite, Apt. # etc

Suite, Apt. # etc

City & State

City & State

Zip Country

Zip Country

4. FEI Number

65-0550452

Applied For

Not Applicable

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

Name

Street Address (P.O. Box Numbers 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

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 \$5.00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-STATE-ZIP

Chang, Norman Wai Hou
 759 W 78 Street
 Hialeah, FL 33014

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

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-STATE-ZIP

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

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 190.03(4), 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]

01/14/02