

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90727 001 ***150.00

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DOCUMENT # P95000090322

1. Entity Name

GOLDEN BLOSSOM INCORPORATED

Principal Place of Business

Mailing Address

2571 N HIATUS RD
 COOPER CITY FL 33026

2571 N HIATUS RD
 COOPER CITY FL 33026

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 **65-0659798**

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

***YUEN, ABBY WAI KWAN**
9001 SW 94 STREET #107
MIAMI FL 33176

Name **YUEN, ABBY WAI KWAN**

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

8089 SAGO PALM LANE

City **Boynton Beach**

FL

Zip Code **33436**

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 \$150.00
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 **P** ☐ Delete
 NAME **YUEN, ABBY WAI KWAN**
 STREET ADDRESS **9001 SW 94TH ST # 107**
 CITY-ST-ZIP **MIAMI FL 33176**

TITLE **PRESIDENT** ☒ Change ☐ Addition
 NAME **YUEN, ABBY WAI KWAN**
 STREET ADDRESS **8089 SAGO PALM LANE**
 CITY-ST-ZIP **BOYNTON BEACH, FL 33436**

TITLE **VP** ☒ Delete
 NAME **TAM, CHUNG YUEN**
 STREET ADDRESS **7927 JOHNSON ST # 12**
 CITY-ST-ZIP **PEMBROKE PINES FL 33024**

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

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

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

Date

Daytime Phone #

CR2E034 (9/01)