

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000094821

1. Entity Name

GOLDEN HARVEST, INC.

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 90691 018 ***150.00

553534

Principal Place of Business
4800 SILVER OAK DR.
FORT PIERCE, FL 34982

Mailing Address
GOLDEN HARVEST, INC.
C/O PEKING RESTAURANT
1012 SOUTH U.S. #1
FORT PIERCE, FL 34950

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
650714079

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☒ NO \$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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!!
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	P.	<input type="checkbox"/> Delete
NAME	NG, MOU W	
STREET ADDRESS	4800 SILVER OAK DR.	
CITY - ST - ZIP	FORT PIERCE FL 34982	
TITLE	ST	<input type="checkbox"/> Delete
NAME	LEUNG, JOSEPH	
STREET ADDRESS	4800 SILVER OAK DR	
CITY - ST - ZIP	FORT PIERCE FL 34982	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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

4/29/01

Date

(561) 464-5960

Daytona Beach, FL

CR2E034 (11/00)