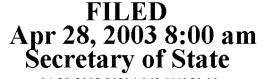
## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P9700041757  1. Entity Name GOLDEN GATE MANAGEMENT, INC.				
Principal Place of Business	Mailing Address			



04-28-2003 90314 043 \*\*\*150.00

Principal Place of Business 3421 N LAKEVIEW DR SUITE 168 TAMPA FL 33618				Mailing Address 3421 N LAKEVIEW DR SUITE 168 TAMPA FL 33618								
2. Principal Place of Business 3. Mailing Address								<b>3</b> 111 <b>60</b> 411 <b>(3</b> 111 <b>0</b> 1	101 (101)	1966 1964 1966		
Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State			City	City & State				4. FEI Num	1ber 59-3439092	Applied For Not Applicable		
Zip -	<u></u> -	Country.	Zip	- A Section of the se	Coun	try	ا دا مسئلت	<sup>c</sup> 5.~Cèrtifica	ate of Status Desired		8.75 Add	ditional
	6. Name	and Address of Currer	nt Registere	ed Agent				7. Name a	nd Address of New	Registered A	gent	
WU, DAVID 3421 N LAKEVIEW OR SUITE 168 TAMPA FL 33618					Name Street Address (P.O. Box Number is Not Acceptable)							
						City			<del></del>	FL	Zip Cod	le
	named entitions of regist	y submits this statement tered agent:	for the purp	ose of changing its	registere	ed office or	registere	d agent, or b	ooth, in the State of Fi	lorida. I am fa	miliar with,	and accept
SIGNATURE .		or printed name of registered age	nt and title if app	olicable. (NOTE	: Registered	d Agent signatur	re required w	rhen reinstating)		DATE		· <b>-</b>
After	May 1, 200	!! FEE IS \$150.00 03 Fee will be \$550.00 o Florida Department							、 Election Campaign Fi Trust Fund Contribution	~ ~		May Be I to Fees
10.		OFFICERS AN	D DIRECTO	PRS	11.			ADDITION	S/CHANGES TO OF	FICERS AND	DIRECTOR	S IN 11
TITLE , NAME STREET ADORESS CITY-ST-ZIP	D Wu, Davi 3421 n l <i>j</i> Tampa fi	akeview dr suite 1	68	□ Delete							☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete				ندن سورت التاسيد			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STRE						Change	☐ Addition
TITLE Name Street address City-St-Zip				☐ Delete				·			Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		ľ					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREE			***			Change	Addition

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 empower

**SIGNATURE:**