## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## P97000079865 **DOCUMENT #**

1. Entity Name

GOLDEN CITY ORIENTAL CUISINE, INC.



## **FILED** Mar 03, 2003 8:00 am Secretary of State 03-03-2003 90460 005 \*\*\*150.00

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Sulfe, Apt. #, etc.    City & State	17979 SAN CARLOS BLVD.			179	17979 SAN CARLOS BLVD.						
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City & State  Country  Country  Country  Country  S. Cartificate of Status Dustrian  State Address of Current Registered Agent  7. Name and Address of New Registered  7. Name a	2. Principa	I Place of Busine	ess	3. M	3. Mailing Address			-			
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Zip Country Zip Country 5. Certificate of Status Desired Status St	City & St								☐ CHECK HERE IF MAKING CHANGES		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 2249 1ST ST FT. MYERS FL 33901  8. The above named only submits this statement for the purpose of changing its registered agent, or both, in the State of Fonds. Lam familiar with, and accept the collegations of registered agent, or both, in the State of Fonds. Lam familiar with, and accept the collegations of registered agent, or both, in the State of Fonds. Lam familiar with, and accept the collegations of registered agent, or both, in the State of Fonds. Lam familiar with, and accept the collegations of registered agent, or both, in the State of Fonds. Lam familiar with, and accept the collegations of registered agent, or both, in the State of Fonds. Lam familiar with, and accept the collegations of registered agent, or both, in the State of Fonds. Lam familiar with, and accept the collegations of registered agent, or both, in the State of Fonds. Lam familiar with, and accept the collegations of registered agent, or both, in the State of Fonds. Lam familiar with, and accept the collegations of registered agent, or both, in the State of Fonds. Lam familiar with, and accept the collegations of registered agent, or both, in the State of Fonds. Lam familiar with, and accept the collegations of registered agent, or both, in the State of Fonds. Lam familiar with, and accept the collegations of registered agent, or both, in the State of Fonds. Lam familiar with, and accept the collegations of registered agent, or both, in the State of Fonds. Lam familiar with, and accept the collegation of registered agent, or both, in the State of Fonds. Lam familiar with, and accept the collegations of registered agent, or both, in the State of Fonds. Lam familiar with, and accept the collegation of registered agent, or both, in the State of Fonds. Lam familiar with, and accept the collegations of registered agent, or both, in the State of Fonds. Lam familiar with, and accept the collegations of registered agent, or both, in the State of Fo					City & State			00707/0898			
S. Name and Address of Current Registered Agent  WINESETT, ROBERT A 2248 1ST ST.  FT. MYERS FL 33901  City  City  FL  City  FL  Zip Code  Street Address (P.C. Box Number is Not Acceptable)  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  Street Address (P.C. Box Number is Not Acceptable)  FL  Zip Code  Street Address (P.C. Box Number is Not Acceptable)  FL  Zip Code  City  FL  Zip Code  Street Address (P.C. Box Number is Not Acceptable)  FL  Zip Code  Street Address (P.C. Box Number is Not Acceptable)  FL  Zip Code  Street Address (P.C. Box Number is Not Acceptable)  FL  Zip Code  Street Address (P.C. Box Number is Not Acceptable)  FL  Zip Code  Street Address (P.C. Box Number is Not Acceptable)  FL  Zip Code  Street Address (P.C. Box Number is Not Acceptable)  FL  Zip Code  Street Address (P.C. Box Number is Not Acceptable)  FL  Zip Code  Street Address (P.C. Box Number is Not Acceptable)  FL  Zip Code  Street Address (P.C. Box Number is Not Acceptable)  FL  Zip Code  Street Address (P.C. Box Number is Not Acceptable)  FL  Zip Code  Street Address (P.C. Box Number is Not Acceptable)  FL  Zip Code  Street Address (P.C. Box Number is Not Acceptable)  FL  Zip Code  Street Address (P.C. Box Number is Not Acceptable)  FL  Zip Code  Street Address (P.C. Box Number is Not Acceptable)  FL  Zip Code  Street Address (P.C. Box Number is Not Acceptable)  FL  Zip Code  Street Address (P.C. Box Number is Not Acceptable)  Street Address (P.C. Box Number is N	Country Country			Zip		Country		5.	Certificate of Status Desired J	¬ \$8.75	
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Street Address (P.O. Box Number is Not Acceptable)	WINESE	TT DODEDT A					Name		tame and Address of New Regis	tered Agent	
E. The above named entry submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. If am familiar with, and accept the chiligations of registered agent, or both, in the State of Florida. If am familiar with, and accept the children of registered agent, or both, in the State of Florida. If am familiar with, and accept the children of registered agent, or both, in the State of Florida. If am familiar with, and accept the children of registered agent, or both, in the State of Florida. If am familiar with, and accept the children of registered agent, or both, in the State of Florida. If am familiar with, and accept the children of registered agent, or both, in the State of Florida. If am familiar with, and accept the children of registered agent, or both, in the State of Florida. If am familiar with, and accept the children of registered agent, or both, in the State of Florida. If am familiar with, and accept the children of registered agent, or both, in the State of Florida. If am familiar with, and accept the children of registered agent, or both, in the State of Florida. If am familiar with, and accept the children of registered agent, or both, in the State of Florida. If am familiar with, and accept the children of registered agent, or both, in the State of Florida. If am familiar with, and accept the children of registered agent, or both, in the State of Florida. If am familiar with, and accept the children of registered agent, or both, in the State of Florida. If am familiar with, and accept the children of registered agent, or both, in the State of Florida. If am familiar with, and accept the children of registered agent, or both, in the State of Florida. If am familiar with, and accept the children of registered agent, or both, in the State of Florida. If an familiar with, and accept the children of registered agent, or both, in the State of Florida. If an familiar with, and accept the familiar with, and accept the familiar with, and accept the familiar with					Street Address			(P.O. Box Number is Not Acceptable)			
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SIGNATURE    Signature, typing or printed name of registered agent and late if applicable.   (NOTE Registered Agent signature introduced when reintationing)   DATE    FILE: NOW.III.   FEE IS \$150.00	<ol><li>The above the obligation</li></ol>	re named entity s ations of register	submits this statement ed agent.	for the purp	oose of changing its	registere	ed office or registere	ed age	ent, or both, in the State of Florida.	l am familiar w	ith, and accent
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of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes. If further certify that the information 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 Florida 1 and 1 an	t. I hereby ce	ertify that the info	rmation supplied with	this filing d	oes not qualify for th	ne exemp	tion stated in Section	ол 110	.07(3)(i) Florida Statutas 14		
	of the corpo	oration or the record on an attachmen	ceiver or trustee emporent with an address w	urue and ac wered to ex vith all other	ccurate and that my secute this report as	signature required	shall have the sam by Chapter 607, Fi	ne lega lorida l	al effect as if made under oath; that Statutes; and that my name annea	certify that the i at I am an officer its in Block 10 a	ntormation or director

Daytime Phone #