

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P98000027036**

Entity Name

**GOLDEN STALLION, INCORPORATED****FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90079 040 \*\*\*150.00

Principal Place of Business

Mailing Address

**3255 W. COLONIAL DRIVE  
ORLANDO FL 32808****% TZYH CHYANG MAA  
1331 SASSAFRAS AVE  
ALTAMONTE SPRINGS FL 32714**

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-3498736**

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****MAA, TZYH CHYANG  
3255 W. COLONIAL DRIVE  
ORLANDO FL 32808**

Name

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

City

**FL**

Zip Code

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

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**OFFICERS AND DIRECTORS****12.****ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

FILE NAME STREET ADDRESS CITY-ST-ZIP	11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
	<b>P</b> <b>MAA, TZYH CHYANG</b> <b>3255 W. COLONIAL DRIVE</b> <b>ORLANDO FL 32808</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED**  
**TZYH CHYANG MAA**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/1/02

(407) 298-6923

CR2E034 (9/01)