

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90235 025 ***150.00

DOCUMENT # P98000084770

1. Entity Name

~~NEW ASIAN CENTURY, INC.~~

Good World Corporation (NAME CHANGE)

Principal Place of Business

1850 N.E. 169TH STREET

SUITE 303

NORTH MIAMI BEACH FL 33162

Mailing Address

1850 N.E. 169TH STREET

SUITE 303

NORTH MIAMI BEACH FL 33162

2. Principal Place of Business

350. NE. 167 street

3. Mailing Address

350. NE. 167 street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

N. Miami Beach, FL

City & State

N. Miami Beach, FL

Zip

33162

Country

Dade.

Zip

33162

Country

Dade.

4. FEI Number

65-0867170

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

LIU, YONG Q

1850 N.E. 169TH STREET

SUITE 303

NORTH MIAMI BEACH FL 33162

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME LIU, YONG Q ☐ Delete
STREET ADDRESS 1850 N.E. 169TH STREET
CITY-ST-ZIP NORTH MIAMI BEACH FL 33162

TITLE STD
NAME ZHOU, PING ☐ Delete
STREET ADDRESS 1850 N.E. 169TH STREET
CITY-ST-ZIP NORTH MIAMI BEACH FL 33162

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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 empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 2/18/03
Daytime Phone #

CR2E034 (10/02)