

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 16, 2001 8:00 am**
Secretary of State

04-16-2001 90042 014 ***150.00

DOCUMENT # P98000088987

1. Entity Name

GOLDEN BLOSSOM - WESTON, INC.

Principal Place of Business

16620-22 SADDLECLUB ROAD
FT. LAUDERDALE FL 33326

Mailing Address

16411 S 1ST CT
HOLLYWOOD FL 33027

2. Principal Place of Business

10111 PINES BLVD

3. Mailing Address

10111 PINES BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PEMBROKE PINES, FL

City & State

PEMBROKE PINES, FL

Zip

33026

Country

Zip

33026

Country

4. FEI Number **65-0872205**

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****LOK, KAWAI**
9491 PALM CIRCLE S #204
PEMBROKE PINES FL 33026

Name

MARIE WANG

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

16411 SW 1ST COURT

City

PEMBROKE PINES

FL

Zip Code

33027

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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00**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 ☐ Delete
NAME **DP**
STREET ADDRESS **WANG, MARIE**
CITY-ST-ZIP **16411 SW 1ST CT**
HOLLYWOOD FL 33027TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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

MARIE WANG

Date

4/10/01

Daytime Phone #

954 430 8557

CR2E034 (10/00)