## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000088987 1. Entity Name GOLDEN BLOSSOM-WESTON, INC.



SECRETARY OF STATE DIVISION OF CORPORA WHY ON MAY 27 PH 12: 43

				Alexander (Medicine) Alexander (Medicine)
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			AUL								
2. Principal Pl	ace of Business	3. Mailing Address		- <u> </u>							
Cuita Ama	# -t-	391 SW LAKE	40(CFS) V	NAY							
Suite, Apt,	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE						
City & State		City & State	- Ti	4. 34	4. FEI Number		Applied For				
	FT. LUCIE		CIE, FLO	KIDA			Not Applicable				
zip 下し 3、	4986 Country S. A	1 7 34986	Country W.S.A		5. Certificate of Status Desired		.75 Additional Required				
	Property appropriate the first considerable the constant				7. Name and Address of Curre	int Registered Ag	ent				
	BA NATA		Name MARIE WANG								
	DO NOT W				ss (P.O. Box Number is Not Acceptable)						
***	· TIN THIS SP	PACE	39	1 7	W LAKE TORRY WAY						
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	i		PORT ST. Lycie FL Zig Cyde &								
	named entity submits this statement for	or the purpose of changing its r				Florida. I am famil	iar with, and accept				
the obligati	ions of registered agent.	·									
! SIGNATURE ⊿	The second second				,		. **				
	Signature, typed or printed name of registered agent	and title if applicable (NOTE:	Registered Agent signat	ure required	when reinstating)	. √TE					
January 1 - May 1 Fee is \$150.00  After May 1, Fee is \$550.00  9. Election Campaign Financing \$5.00 May B											
Maka Chash	Amended UBR is \$61.25 Payable to Florida Department of				Trust Fund Contribu	tion,	Added to Fees				
10.	OFFICERS AND	14.2014-1		31.02.05 (B) (B) (B) (B)							
TITLE	PRESIDENT		TITLE		- Company of the Comp						
NAME	MARIE WANG TO	etIM	NAME		Barana and Arabana Marana and Arabana a Marana and Arabana and Arab	DiGEG.	.1				
STREET ADDRESS	MARIE WANG 391 SW LYKE FORE PORT ST. LUCIE, =	ri ourg	STREET ADDRESS	3 60 4 60 3 60 4 60	400019: 05/15/030105	5003 ***	50.00				
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TITLE		<del></del>	TITLE								
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TITLE			TITLE			Constant Constant Standard & Stand	CONTRACTOR OF THE PARTY				
NAME STREET ADDRESS			NAME STREET ADDRESS								
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TITLE	<del></del>		MLE		INTEREST WAS AND CONTRACTOR						
NAME			NAME								
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CITY-ST-ZIP	4		CITY-ST-ZIP	الأنعاعال	the state of the s	<u> </u>	<del></del>				
<ol> <li>12. I hereby control indicated of</li> </ol>	ertify that the information supplied with on this report or supplemental report is	this filing does not qualify for the true and accurate and that my	ne exemption stat signature shall h	ed in Sec ave the s	ction 119.07(3)(i), Florida Statute ame legal effect as if made unde	s. I further certify the oath: that I am ar	nat the information n officer or director				

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 directo 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 on an attachment with an address, with all other like empowered.

SIGNATURE: 🚁

AGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

5/13/03

Destine Phone \*

R2E034B (12/02)