## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

## FILED DOCUMENT # P99000028144 Mar 15, 2000 8:00 am Secretary of State GOLDEN KEYSTONE INTERNATIONAL, INC.: 03-15-2000 90047 042 \*\*\*150.00 Mailing Address Principal Place of Business **628 NW 13 STREET 628 NW 13 STREET** SUITE 13 SUITE 13 BOCA RATON FL 33486 **BOCA RATON FL 33486-2456** 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable Country \$8.75 Additional Zip Country Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent YAO, KANG Street Address (P.O. Box Number is Not Acceptable) **628 NW 13 STREET** SUITE 13 **BOCA RATON FL 33486** Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE JS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5:00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. PRESIDENT ☐ Change Addition ☐ Delete TITLE YAO, KANG NAME NAME STREET ADDRESS STREET ADDRESS 628 NW 13 ST. #13 BOCA RATON, FL 3348 CITY-ST-7/P CITY-ST-ZIP Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ■ Addition TITLE De'ete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITLE ☐ Delete → NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Defete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

Daytime Phone #