

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000074382

1. Entity Name GOLDEN BAMBOO, INC.

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

05-10-2000 90180 033 \*\*\*158.75

Principal Place of Business Mailing Address  
7297 Coral Way  
Miami, Florida. 33155

2. Principal Place of Business 3. Mailing Address  
7297 Coral Way  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Miami, Florida. 33155 City & State  
Zip Country Zip Country  
4. FEI Number 65-0943704 Applied For  
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required Not Applicable

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  
LOURDES WU JIMENEZ  
7297 Coral Way  
Miami, Florida. 33155  
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.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. 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, 2000 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 D/P <input type="checkbox"/> Delete	NAME Lourdes Wu Jimenez	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1075 W 33 PL Hialeah, FL. 33112		NAME	
CITY-ST-ZIP		STREET ADDRESS	
TITLE D/S <input type="checkbox"/> Delete	NAME CARLOS A. AMARO	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 5401 Collins Ave. Miami Beach		NAME	
CITY-ST-ZIP		STREET ADDRESS	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Lourdes Wu Jimenez* Lourdes Wu Jimenez President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)