FILED Feb 11, 2002 8:00 am Secretary of State 02-11-2002 90170 041 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

P99000077992

DOCUMENT # 1. Entity Name

GOLDEN PALACE CHINESE RESTAURANT INC.

Principal Place of Business 362-B W. GRANADA BLVD. ORMOND FL 32174			Mailing Address 362-B W. GRANADA BLVD. ORMOND FL 32174									
	•											
2. Principal Place of Business			3. Mailing Address					i 13 14) bo iki co k				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO	NOT WRITE	E IN THIS S	PACE		
ęć .												
City & State			City & State			4, 7	4. FEI Number 59-3599015			Applied For Not Applicable		
Zip Country			Zip	try	5, (Certificate of Statu	s Desired			8.75 Additional		
	6. Name and Address of Curi	rent Regi	istered Agent			7. 1	Name and Addres	s of New Re				
					Name							
tan, kuei chen 362-b W. Granada Blvd.			Street Addres			ss (P.O. E	s (P.O. Box Number is Not Acceptable)					
ORMOND) FL 32174											
					City				FL	Zip Cod	le	
8. The above	named entity submits this stateme	ent for the	ourpose of changing its re	eaister	ed office or regis	stered an	ent or both, in the	State of Flor				
	,		,	- 5			,,					
SIGNATURE .	Signature, typed or printed name of registered		Alors I	D	4 6 1 7 7 8 3 3 3 3	land only			DATE			
	Signature, typed or printed name or registered a	agent and illi	······		d Agent signature requ	uirea when re	einstating)	<u> </u>	DATE			
 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, 2002 Fee will be \$550.00 Make Check Payable to Department of St				10. Election Ca Trust Fund	mpaign Fina Contribution			00 May Be d to Fees	
11.	OFFICERS A	AND DIRE		12.	<u>-</u>		L DITIONS/CHANG	ES TO OFFIC	ERS AND	DIRECTOF	S IN 11	
TITLE	Р		☐ Delete	TITLE	-		 			Change	Addition	
NAME	CHEN TAN, KUEI			NAM	i							
STREET ADDRESS CITY-ST-ZIP	362-B W. Granada Blvd. Ormond Beach Fl 32174				ET ADDRESS -ST-ZIP							
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STREET ADDRESS					ET ADDRESS							
CITY-ST-ZIP					-ST-ZIP							
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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

Daytime Phone # Date