2003 FOR PROFUT CORPORATION UNIFORM BUSINESS REPORT (UBR)

	HIFUKM BUSINE	33 KEPUKI	(UDK)						
DOCU	MENT # P990001067	190 ₂							
1. Entity Name. GOLDEN SAND ECO-PROTECTION, INC.					FILED				
GOLDEN SAND ECO-PROTECTION, INC.									
					03	DEC TO PM	5: 05		
Principal Plac	ce of Business	Mailing Address			CEO	ETABY AC C	er a meran		
P.O. BOX 668412 P.O. BOX 668412			1066 US		SEU:	RETARY OF ST AHASSEE, FL	AIE Obida		
POMPANO BEACH, FL 33066 US POMPANO BEACH, FL 33066					IALLI	RUNGSEE' LF	AUDIL		
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2. Principal Place of Business 3. Mailing Address 2531 S.E. 14 5treet 3. Mailing Address 14				. a - t					
<u> 2531</u>		3531 S.E., Suite, Apt. #, etc.	14th St.	-66)		()) 25111		- 1811B B11 1961	
Suite, Apt	. #, U U.	30ite, Apr. #, etc.			X CHECK	HERE IF MAKING C	HANGES		
City & Stat		Pompana Beach, FL			4. FEI Number Applied For				
Pompa		· · · · · · · · · · · · · · · · · · ·			65-097			of Applicable	
330b	a Country V.S.A.	33062	Country U.S	.A.	Certificate of Status De		8.75 Add se Require		
	6. Name and Address of Current F				7. Name and Address of				
KWAN, KIM LUN Name Charles Scheverman									
555 S POWERLINE RD Str					eet Address (P.O. Box Number is Not Acceptable)				
POMPANO BEACH, FL 33069					uth	ر ام			
				as 31 S.E. 14th Street					
				Dompa	no Beitch	FL	Zip Cod	3062	
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. I am familiar with, and accept									
the obligations of registract agent.									
12/8/03									
Signature, lyped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstailing) CATE CHIC NOW/THIS CERTIC SYSTEM DO									
Aft	FILE NOW!!!, FEE IS \$150 00 er May 1, 2003 Fee will be \$550 00 Amended UBR is \$61 25				9. Election Campa			0 May Be	
Make Check	Payable to Florida Department of	State			Trust Fund Con	tribution.	Added	I to Fees	
10.	OFFICERS AND D	DIRECTORS	11.		ADDITIONS/CHANGES 1	O OFFICERS AND D	IRECTOR:	S IN 11	
TITLE	PO CONTRACTOR	💢 Delete	TITLE	P, D	. Cheurana	يمر	Cha nge	Addition	
NAME STREET ADDRESS	SHU, YANG P.O. BOX 668412		NAME STREET ADORESS	2531	S.E. 14 street	; +		j	
CITY-ST-ZIP	POMPANO BEACH, FL 33066		C(TY-ST-ZIP	Pompa	no Beach, FO	2306a			
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NAME	KWAN, KM LUN		NAME STREET ADDRESS		الارتياء الاسانا الاسان الإسانا الرئيت	540190) —		
STREET ADDRESS CITY-ST-ZIP	P.O. BOX 668412 POMPANO BEACH, FL 33066		CITY-ST-ZIP		12/10/03-01		∗61.25	5	
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NAME STREET ADDRESS			NAME STREET ADDRESS		1	W.E.			
CITY-ST-ZIP			CITY-ST-ZIP		€:	篇 变			
12. I hereby o	ertify that the information supplied with t	his filing does not qualify for	ย the exemption stat	ted in Sectio	on 119.07(3)(i), Florida Sta	itutes. I further certify	that the in	formation	
12. Thereby certify that the information supplied with this filling 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 10 or Block 11 if									
changed, or or an attachment and address, with all other like empowered.									
SIGNAT	UPE				12/8/	03 95	1 780	2 4547	
	CICMATURE AND TYPES OF DO	NUTED BLANCE OF SIGNIBIC OFFICER O	D DIRECTOR						

R2E034 (10/02)

HUNDER A. SCHELERMAN