

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V38165

1. Entity Name

GOLDEN LEAVES, INC.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90015 035 ***158.75

Principal Place of Business

307 ROYAL POINCIANA PLAZA
PALM BEACH FL 33480

Mailing Address

307 ROYAL POINCIANA PLAZA
PALM BEACH FL 33480-3813

2. Principal Place of Business

230 B Sunrise Avenue

Suite, Apt. #, etc.

3. Mailing Address

230 B Sunrise Avenue

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Palm Beach, Florida

Zip

33480

Country

U.S.A.

City & State

Palm Beach, Florida

Zip

33480

Country

U.S.A.

4. FEI Number

65-0333984

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LESHER, GERALD S
1555 PALM BEACH LAKES BLVD
SUITE 1000
WEST PALM BEACH FL 33401

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite 1510

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

TITLE	P	<input type="checkbox"/> Delete
NAME	TSE, MICHAEL	
STREET ADDRESS	307 ROYAL POINCIANA WAY	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	VS	<input type="checkbox"/> Delete
NAME	DAI, BRUCE	
STREET ADDRESS	307 ROYAL POINCIANA WAY	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	230 B Sunrise Avenue,	
CITY-ST-ZIP	Palm Beach, FL 33480.	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	230 B Sunrise Avenue,	
CITY-ST-ZIP	Palm Beach, FL 33480.	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Tse

02-19-00

Date

(561) 835-3601

Daytime Phone #

CR2E034 (9/99)