

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P01000045173**

FILED

1. Entity Name
EMPIRE BUFFET RESTAURANT CORP.

02 AUG 19 PM 3:59

Principal Place of Business
4300 W. HWY. 98
PANAMA CITY FL 32401

Mailing Address
4300 W. HWY. 98
PANAMA CITY FL 32401

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Food Service		3. Mailing Address doMintel Express accounting	
Suite, Apt. #, etc. 4300 W. HWY 98		Suite, Apt. #, etc. 7-8 Chatham Square, #802	
City & State Panama City		City & State New York	
Zip FL	County 32401	Zip NY 10038	Country
4. FEI Number 59-3720299		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CHEN, YOU ZHEN 4300 W. HWY. 98 PANAMA CITY FL 32401		7. Name and Address of New Registered Agent Name Guo Yong chen Street Address (P.O. Box Number is Not Acceptable) 4300 W. HWY 98 City Panama City FL Zip Code 32401	
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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 registered agent.

SIGNATURE *[Signature]* DATE **8/9/02**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$550.00**
After September 13, 2002 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	D CHEN, YOU ZHEN 4300 W. HWY. 98 PANAMA CITY FL 32401 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Guo Tan chen 4300 W. HWY 98 PANAMA CITY, FL 32401 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHEN, GUO YONG 4300 W. HWY. 98 PANAMA CITY FL 32401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Xue Ying Pan 4300 W. HWY 98 PANAMA CITY, FL 32401 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LU, WAN ZHU 4300 W. HWY. 98 PANAMA CITY FL 32401 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400007283904--2 -08/22/02--01042--016 *****61.25 *****61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* DATE **8/9/02 (347) 683-8828**

CR2E034 (4/02)