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FILED  
May 16, 2001 8:00 am  
Secretary of State

05-16-2001 90254 011 \*\*\*150.00

2001 UNIFORM BUSINESS REPORT (UBR)

0068590



(DO NOT WRITE IN THIS SPACE)

DOCUMENT # P0000021910

1. Entity Name  
**EASTERN BUFFET INC.**

Principal Place of Business  
3101 SW 34TH AVENUE  
OCALA FL 34474-7447

Mailing Address  
C/O J&U COPR.  
ONE E. BROADWAY, 3/FL  
NEW YORK NY 10038

2. Principal Place of Business  
3101 SW 34TH AVE

3. Mailing Address

Suite, Apt. #, etc.  
SUITE#1000

Suite, Apt. #, etc.

City & State  
OCALA FL

City & State

4. FEI Number 59-3637684

5. Certificate of Status Original  \$8.75 Acknowledgment Fee Florida

Zip 34474 Country U.S.A.

Zip Country

6. Name and Address of Current Registered Agent

~~HUANG, XIANG QIAN~~  
3101 SW 34TH AVENUE, SUITE#1000  
OCALA FL 34474

7. Name and Address of New Registered Agent

Name Xian Li Huang

Street Address (P.O. Box Number is Not Acceptable)  
3101 SW 34TH AVENUE #1000

City Ocala FL Zip Code 34474

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 X Xian Li Huang HUANG, XIANG QIAN 4/27/01  
PRESIDENT

9. This corporation is eligible to satisfy its intangible tax filing requirements and elects to do so.

FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 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 Fee

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PRESIDENT <del>HUANG, XIANG QIAN</del> 3101 SW 34TH AVE... #1000 OCALA FL 34474	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	New president Xiang Li Huang 3101 SW 34TH AVE #1000 Ocala FL 34474
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: X Xian Li Huang 4/27/01 (352) 873-9292