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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P00000021910

DOCUMENT #

1. Entity Name



EASTERN BUFFET, INC. Principal Place of Business Mailing Address C/O J & U CORP. 3101 SW 34TH AVE. 1 E. BROADWAY, 3RD FLOOR **SUITE 1000** NEW YORK NY 10038 OCALA FL 34474 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 59-3637684 Not Applicable Zip Country Zip Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HUANG, XIANG QIAN Street Address (P.O. Box Number is Not Acceptable) 3101 SW 34TH AVE. **SUITE 1000** OCALA FL 34474 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 XIANG CR2E034 (4/03) TITLE ☐ Delete TITLE ☐ Addition HUANG, XIONG-L NAME NAME 3101 SW 34TH AVE, SUITE 1000 STREET ADORESS STREET ADDRESS OCALA FL 34474 CITY-ST-ZIP CITY-ST-ZIP XIANG ☐ Addition TITLE ☐ Delete TITLE ☐ Change HUANG, ZIANG 6. NAME NAME 3101 SW 34 AVENUE STE 1000 STREET ADDRESS STREET ADDRESS OCALA FL 34474 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE ÑAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

12. 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 10 or Block 11 it changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Daytime Phone #