2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 27, 2001 8:00 am Secretary of State DOCUMENT # P0000052144 NEW CHINA CHINESE RESTAURANT, INC. 04-27-2001 90361 046 ***150.00 Principal Place of Business Mailing Address 5110 NORMANDY BLVD. 5110 NORMANDY BLVD. JACKSONVILLE FL 32205 JACKSONVILLE FL 32205 B0039805 2. Principal Place of Business 808 EDGE WOOD EDGEWOOD DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For Jacksoninil Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LIU, YI GONG Street Address (P.O. Box Number is Not Acceptable) 5110 NORMANDY BLVD. JACKSONVILLE FL 32205 City Zin 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, happlicable, (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filling requirement and elects to do so After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. President Delete ☐ Chance NAME NAME YI GONG Line STREET ADDRESS STREET ADDRESS 80% EDGEWOOD DE CITY-S1-ZIP CITY-ST-ZIP Jackgonialle Fr 72254 TIT!.E ☐ Delete CHEN LAW NAME STREET ADDRESS STREET ADDRESS EDGENWO Dr CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS C!TY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Addit on STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZiP 13. 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 eath, 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. IAME OF SIGNING OFFICER OR DIRECTOR