

2001- UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000061309

1. Entity Name

GENERAL BUFFETS AT JACKSONVILLE, INC.

Principal Place of Business

5258-12 NORWOOD AVE.
JACKSONVILLE FL 32208

Mailing Address

5258-12 NORWOOD AVE.
JACKSONVILLE FL 32208

2. Principal Place of Business

3. Mailing Address

509 Chipley Place East

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Jacksonville, FL

Zip

Country

Zip

32259

Country

St. Johns

4. FEI Number

583613936

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

CHEUNG, CHOU FAI
5258-12 NORWOOD AVE.
JACKSONVILLE FL 32208

Name

Cheung, Chou Fai

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

509 Chipley Place East

City

Jacksonville

FL

Zip Code

32259

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

Chou Fai Cheung President Chou Fai Cheung

4/28/01

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, 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 Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
CHEUNG, CHOU FAI
5258-12 NORWOOD AVE.
JACKSONVILLE FL 32208 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
HUA, YANG YONG
5258-12 NORWOOD AVE.
JACKSONVILLE FL 32208 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

Chou Fai Cheung Chou Fai Cheung

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/01

Date

904-536-7123

Daytime Phone #

CR2E034 (10/00)

0455585

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 91129 018 ***150.00



DO NOT WRITE IN THIS SPACE