2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF PIRECTOR

May 03, 2001 8:00 am **DOCUMENT#** P 00000081907 1. Entity Name Secretary of State CORAL SPRINGS SUPER BUFFET, INC. 05-03-2001 90988 021 ***150.00 Principal Place of Business Mailing Address 2101 UNIVERSITY DRIVE 2101 UNIVERSITY DRIVE CORAL SPRINGS, FL 33065 CORAL SPRINGS, FL 33065 2. Principal Place of Business 3. Mailing Address 2101 UNIVERSITY DRIVE 2101 UNIVERSITY DRIVE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE CORAL SPRINGS, FL 33065 CORAL SPRINGS, FL 33065 Applied For City & State City & State 4. FEI Number 74-2973888 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name XIN JIANG CHEN Street Address (P.O. Box Number is Not Acceptable) 2101 -UNIVERSITY DRIVE CORAL SPRINGS, FL 33065 Zip Code City FL 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 ager FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS ☐ Addition Change TITLE XIN JIANG CHEN (PRESIDENT) Delete TITLE NAME NAME 2101 UNIVERSITY DRIVE STREET ADDRESS STREET ADDRESS CORAL SPRINGS, FL 33065 CITY-ST-ZIP CITY-ST-7/P Change Addition Delete TITLE TITLE NAME NAME JIA XIAN LIN STREET ADDRESS STREET ADDRESS 2101 UNIVERSITY DRIVE CITY-ST-ZIP CITY-ST-7P CORAL SPRINGS, FL 33065 Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Defete THTLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS . ĆÍTY-ST-ZIP 🛶 CITY-ST-ZIP 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.

FILED

Dayline Phone #