2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 09, 2002 8:00 am Secretary of State P00000082667 **DOCUMENT #** 1. Entity Name 04-09-2002 91159 018 ***150 00 SHANGHA! CHINA BUFFET INN, INC. Principal Place of Business Mailing Address 2082 W. COUNTY RD. 48 2082 W. COUNTY RD. 48 BUSHNELL FL 33513 BUSHNELL FL 33513 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3672725 Not Applicable Zio Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LONG, ANDY T Street Address (P.O. Box Number is Not Acceptable) 2082 W. COUNTY RD. 48 BUSHNELL FL 33513 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 SIGNATURE Signature, typed or printed name of registered agent and title 4 applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing Tex filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Defete (9/01) TILE ☐ Change Addition TITLE NAME NAME LONG, ANDY T **CR2E034** STREET ADDRESS 37915 EILAND BLVD. STREET ADDRESS CITY-ST-ZP CITY-ST-7IP ZEPHERHILLS FL 33541 Delete ☐ Change ■ Addition TITLE TITLE NAME NAME NGUYEN, NHAN H STREET ADORESS STREET ADDRESS 4932 4TH ST CITY-ST-7IP CITY-ST-ZIP ZEPHYRHILLS FL 33541-5725 ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS. CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Channe ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P 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

1-25-2002