## 2001 UNIFORM BUSINESS REPORT (UBR)

2001 UNIFORM BUS	SINESS REPO	RT_(UBR)		<b>FILED</b>	
DOCUMENT # P0000098094  1. Entity Name			Apr 20, 2001 8:00 am Secretary of State		
LEESBURG CHINESE BUFFET, INC	•			2001 90017 001 ***150.00	
Principal Place of Business	Mailing Address				
1038 NORTH BLVD WEST LEESBURG FL 34718					
			1 10 10 10 10 10 10 10 10 10 10 10 10 10		
2. Principal Place of Business	pal Place of Business 3. Mailing Address 1038, NIRTH BLY			IR 0910 1950 #101 1960 1964 1967 946	
Suite, Apt. #, etc.	Sulte, Apt. #, etc.		DO NOT WR	ITE IN THIS SPACE	_
City & State  CESPARA, PL	City & State LEFS BURG	PL	4. FEI Number 59-367786	Applied For Not Applicable	
34748 Country	34348	Country FL	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
6. Name and Address of Curren	t Registered Agent	Name (13	7. Name and Address of New i		
LI, JING 1038 NORTH BLVD WEST LEESBURG FL 34748		Street Address	s (P.O. Box Number is Not Acceptable		-
		W38, No	PTH BLVD WET	e:	]
		city UP	sbuch	FL 254548	
8. The above named entity submits this statement	or the purpose of changing its	registered office or regist	tered agent, or both, in the State of Fl	orida.	
SIGNATURE Signature, typed or printed name of registered agen	(NOTE (NOTE)	: Registered Agent signature requi	red when reinstating)	14/14/X001	
or time out potential of grant to contact, the time of the contact		!! FEE IS \$150.00 01 Fee will be \$550.00 ile to Department of S			
11. OFFICERS AND		12.	ADDITIONS/CHANGES TO OFF	FICERS AND DIRECTORS IN 11  Change	6
TITLE PRESIDENT  NAME LL JING  STREET ADDRESS NAS NORTH BLVD	□ Delete WEST .	TITLE NAME STREET ADORESS	·	, change	R2E034 (10/00)
CITY-ST-ZIP LEFS BURCH FL	34341	CITY-SI-ZIP		☐ Change ☐ Addition	뎚
TITLE NAME	∟ Delete	NAME			ਹ
STREET ADDRESS CITY-ST-ZIP		STREET ADORESS CITY-ST-ZIP			
TITLE	· Delete	TITLE NAME		☐ Change ☐ Addition	
STREET-ADDRESS:		STREET ADDRESS=	- Industrial - The State		
TITLE NAME	☐ Delete	TITLE NAME		☐ Change ☐ Addition	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS		<b>:</b>	r
MUE	☐ Defete	TITLE	<del></del>	Change Addition	1
NAME STREET ADDRESS		STREET ADDRESS			ļ
CITY-ST-ZIP TITLE	☐ Delete	CITY-ST-ZIP TITLE	·	Change Addition	1
NAME STREET ADDRESS CITY-ST-ZIP		NAME STREET ADDRESS CITY-ST-2IP			
I hereby certify that the information supplied wit indicated on this report or supplemental report of the corporation or the receiver or trustee empty.	s true and accurate and that m	the exemption stated in S y signature shall have the	same legal effect as if made under i	oath; that I am an officer or director	
changed, or on an attachment with an address,		ING	14/2/2001	352-360-0222	
SIGNATURE: 57	PRINTED NAME OF SIGNING OFFICER O	<u> </u>	41-17001	Deytime Phone	l .