2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Sep 17, 2001 8:00 am Secretary of State P00000101114 DOCUMENT # 1. Entity Name 08-07-2001 90017 035 ***550.00 HONG KONG BUFFET H&C, INC. Principal Place of Business Mailing Address-9625 NW 80 AVE. 9625 NW 80 AVE. HIALEAH GARDENS FL 33016 HIALEAH GARDENS FL 33016 2. Principal Place of Business 3. Mailing Address 1500 W. 4 1500 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State ۷. (IAZA)H LIALEA Not Applicable Country Zio ountry \$8.75 Additional 5. Certificate of Status Desired 9ADE DADE Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HUANG, XIAN WEN Street Address (P.O. Box Number is Not Acceptable) 9625 NW 80 AVE. HIALEAH GARDENS FL 33016 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 if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its intangible 10.-Election Campaign Financing \$5.00 May Be-After September 12, 2001 Fee will be \$750.00 Tax filing requirement and elects to do so. 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 (5/01) ☐ Defete TITLE ☐ Change ☐ Addition TIME HUANG, XIAN WEN NAME NAME CP2E034 9625 NW 80 AVE. STREET ADDRESS STREET ADDRESS HIALEAH GARDENS FL 33016 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME CHEN, SONG JI NAME STREET ADDRESS STREET ADDRESS 9625 NW 80 AVE CITY-ST-ZIP CITY-ST-ZIP HIALEAH GARDENS FL 33016 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME NA 420 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TILE **☑** Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MAPAGIER ☐ Delete TITLE Change ☐ Addition TITLE HENG HUNG NAME NAME 49PL APT +5H) STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby 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 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

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