

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 19, 2001 8:00 am
Secretary of State

06-19-2001 90006 013 ***150.00

DOCUMENT # **PO00000106559**

1. Entity Name
M. P. BUFFET, INC.



Principal Place of Business Mailing Address
549 U.S. HIGHWAY 41 BYPASS NORTH
VENICE, FL. 34292

A0073738

2. Principal Place of Business **SAME AS ABOVE**
 Suite, Apt. #, etc.
 3. Mailing Address **SAME AS PRINCIPAL PL**
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State
 Zip Country Zip Country

4. FFI Number **65-1073335**
 Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
ZHI QIANG LIU
549 U.S. HIGHWAY 41 BYPASS, NORTH
VENICE, FL. 34292

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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 _____ (NOTE: Registered Agent signature required when reinstating)
 Signature, typed or printed name of registered agent and title if applicable. 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	ZHI QIANG LIU 549 U.S. HIGHWAY 41, NORTH VENICE, FL. 34292	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Zhi Qiang Liu** **6/9/2001**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)

Attachment
#P00000106559
A0073738

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

FROM : M. P. BUFFET, INC.

DATE : 6/10/2001

SUBJECT : SUBMIT ANNUAL REPORT WITH ANNUAL FEE \$150.00

DEAR SIRs,

WE DID NOT RECEIVE OUR ANNUAL REPORT FORM IN TIME, DUE
TO ADDRESS CHANGED WHEN WE START OUR BUSINESS IN VENICE,
FLORIDA.

WE HAVE REQUESTED A BLANK FORM FROM YOU. AND WE ARE
FILING OUR 2001 ANNUAL REPORT AS ATTACHED.

PLEASE WAIVE YOUR PENALTY BECAUSE WE HAD NO INTENTION
TO DELAY OUR FILING.

THANKS A LOT.

M FAITHFULLY YOURS


ZHI QUANG LIU
REGISTERED AGENT