

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000011220

1. Entity Name

CHINA FIRST BUFFET AT CRYSTAL RIVER-INC.

Principal Place of Business

618 US HWY 19SE
CRYSTAL RIVER, FL 34429

Mailing Address

539 N MILLS AVE
ORLANDO, FL 32803

FILED

03 JAN 30 AM 10:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200010135702

01/15/03--01080--002 **150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4. FEI Number

59-3693063

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LIN, JIE
618 US HWY 19SE
CRYSTAL RIVER, FL 34429

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
LIN, JIE
618 US HWY 19SE
CRYSTAL RIVER, FL 34429 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WANG, SAI Y
618 US HWY 19SE
CRYSTAL RIVER, FL 34429 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10.

ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: X Jie

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)

2062

CHINA FIRST BUFFET-AT CRYSTAL RIVER, INC.

618 U HWY 19SE
CRYSTAL RIVER, FL 34429

January 3, 2003

Florida Department of State
P.O.BOX 6327
Tallahassee, FL 32314

SUBJECT: 2002 ANNUAL REPORT

DOCUMENT NUMBER: P01000011220

Dear Sir or Madam,

We refer to the above matter. Please note that we haven't received the 2002 annual report from you and we therefore didn't pay the annual fee. Enclosed please find the check of \$150.00 for 2002 filing fees. It would be highly appreciated if you could kindly reset our business filing status. Sorry for the inconvenience it might cause you. Thank you for your kind assistance.

Yours truly,

X 
Jie Lin /President