

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0140807 AT

DOCUMENT # P01000011220

1. Entity Name
CHINA FIRST BUFFET AT CRYSTAL RIVER, INC.



Principal Place of Business
618 US HWY 19 SE
CRYSTAL RIVER FL 34429

Mailing Address
618 US HWY 19 SE 539 N Mills Ave
CRYSTAL RIVER FL 34429 Orlando, FL 32803



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	

☐ CHECK HERE IF MAKING CHANGES

City & State		City & State		4. FEI Number 59-3693063	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LIN, JIE 618 US HWY 19 SE CRYSTAL RIVER FL 34429		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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OP LIN, JIE 618 US HWY 19 SE CRYSTAL RIVER FL 34429 <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	D WANG, SAI Y 618 US HWY 19 SE CRYSTAL RIVER FL 34429 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)

Attachment
80136852

CHINA FIRST BUFFET AT CRYSTAL RIVER

539 N MILLS AVE
ORLANDO, FL 32803

Aug 1, 2003

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

SUBJECT: ANNUAL REPORT

DOCUMENT NUMBER P01000011220

To whom it may concern,

We refer to the above matter. Please note that we have just received the second notice for 2003 Annual Reports because we have changed our mailing address to 539 MILLS AVE, ORLANDO, FL 32803. Enclosed please find the check of \$150.00 for the filing fees. It would be highly appreciated if you could kindly waive the penalty. Thank you for your assistance.

Sincerely yours



Jie Lin / President