

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # P01000045173

1. Entity Name

EMPIRE BUFFET RESTAURANT CORP.

02 JUN -7 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

4300 W. Hwy 98

Suite, Apt. #, etc.

4300 W. Hwy 98

City & State

Panama City, FL

City & State

Panama City, FL

Zip

32401

County

Bay

Zip

32401

Country

Bay

4. FEI Number

59-3720299

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

XUE YING PAN

Street Address (P.O. Box Number is Not Acceptable)

4300 W. Hwy 98

City

Panama City

FL

Zip Code

32401

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

Xue Ying Pan

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

(NOTE: Registered Agent signature required when reinstating)

DATE

6/5/02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE	<u>Director</u>
NAME	<u>Xue Ying Pan</u>
STREET ADDRESS	<u>4300 W. Hwy 98</u>
CITY - ST - ZIP	<u>Panama City, FL 32401</u>
TITLE	<u>Assistant Director</u>
NAME	<u>Guo Yong Chen</u>
STREET ADDRESS	<u>4300 W. Hwy 98</u>
CITY - ST - ZIP	<u>Panama City, FL 32401</u>
TITLE	<u>Assistant Director</u>
NAME	<u>Guo Tan Chen</u>
STREET ADDRESS	<u>4300 W. Hwy 98</u>
CITY - ST - ZIP	<u>Panama City, FL 32401</u>
TITLE	<u>ASSISTANT DIRECTOR</u>
NAME	<u>Gui Yu Zhuo</u>
STREET ADDRESS	<u>4300 W. Hwy 98</u>
CITY - ST - ZIP	<u>Panama City, FL 32401</u>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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****158.75 ****158.75

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Xue Ying Pan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06-05-02

Date

850-913-1999

Daytime Phone #

CR2ED04B (12/01)