FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State
03-17-2003 90679 041 ***150.00

DOCUMENT # p01000068329

1. Entity Name
GREAT CHINA RESTAURANT

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
Orange county	12275 University Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando Florida	City & State: Orlando Florida
Zip: 32817 Country: United states	Zip: 32817 Country: United States

4. FEI Number: 593729398 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Lin Guifeng

Street Address (P.O. Box Number Is Not Acceptable):
9955 Kendal Dr.

City: Orlando FL Zip Code: 32817

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: Lin Guifeng
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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

TITLE	PD
NAME	Lin Guifeng
STREET ADDRESS	9955 Kendal Dr.
CITY-ST-ZIP	Orland Florida 32817
TITLE	DIRECTOR
NAME	CHENG C FAT
STREET ADDRESS	8618 White Rose Dr.
CITY-ST-ZIP	Orlando Florida 32818
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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CR2E034B (12/02)

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

SIGNATURE: Lin Guifeng
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #