

FILED
Feb 25, 2002 8:00 am
Secretary of State

01-07-2002 90001 006 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P01000073245**1. Entity Name
CHINA GRILL, INC.

Principal Place of Business

909 W. VINE ST.
KISSIMMEE FL 34741

Mailing Address

909 W. VINE ST.
KISSIMMEE FL 34741

2. Principal Place of Business

4490 13th St
Suite, Apt. #, etc.

3. Mailing Address

4490 13th St
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

St. Cloud, Florida

City & State

St. Cloud, Florida

4. FEI Number

59-3744907

Applied For

Not Applicable

Zip

34769

Country

Zip

34769

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

YAO LU, KEVIN MING
909 W. VINE ST.
KISSIMMEE FL 34741

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

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PO	☐ Delete
NAME	YAO LU, KEVIN M	
STREET ADDRESS	909 W. VINE ST.	
CITY-ST-ZIP	KISSIMMEE FL 34741	
TITLE	VO	☐ Delete
NAME	LU, MING GUANG	
STREET ADDRESS	909 W. VINE ST.	
CITY-ST-ZIP	KISSIMMEE FL 34741	
TITLE	VO	☐ Delete
NAME	LU, DAI RUN	
STREET ADDRESS	909 W. VINE ST.	
CITY-ST-ZIP	KISSIMMEE FL 34741	
TITLE	VO	☐ Delete
NAME	ZHENG, WEN	
STREET ADDRESS	909 W. VINE ST.	
CITY-ST-ZIP	KISSIMMEE FL 34741	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/02 4078918641

Date

Daytime Phone #

CR2E034 (9/01)