

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 10, 2003 8:00 am
Secretary of State

09-10-2003 90061 044 ***550.00

0157214 FP

DOCUMENT # P01000106466

1. Entity Name
GOLDEN CHINA BUFFET INC.



Principal Place of Business
**NORTH SIDE SHOPPING CENTER
7900 NW 27TH AVENUE, 200 NORTH COURT
MIAMI FL 33147**

Mailing Address
**C/O HUNG TO BOWERY
LOWER LEVEL, ROOM 29
NEW YORK NY 10013**



2. Principal Place of Business

3. Mailing Address

70 BOWERY, LOWER LEVEL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

28

City & State

City & State

NEW YORK, NY

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

Zip

Country

Zip

Country

10013

NEW YORK

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GUO, QI HAO
NORTH SIDE SHOPPING CENTER
7900 NW 27TH AVENUE, 200 NORTH COURT
MIAMI FL 33147**

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

(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.

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**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** **HAO**
NAME **GUO, QI HAO**
STREET ADDRESS **7900 NW 27TH AVE, 200 N. COURT**
CITY-ST-ZIP **MIAMI FL 33147**

☐ Delete

TITLE
NAME
STREET ADDRESS
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☐ Change ☐ Addition

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☐ Change ☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)