

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91394 009 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000000758

1. Entity Name
ASIA BUFFET INC.



Principal Place of Business
1101 BLANDING BLVD
#101
ORANGE PARK, FL 32065

Mailing Address
1101 BLANDING BLVD
#101
ORANGE PARK, FL 32065

90110992



2. Principal Place of Business

1101 BLANDING BLVD
Suite, Apt. #, etc.
#101

City & State
ORANGE PARK FL

Zip Country
32065 CLAY

3. Mailing Address

136 BOWERY
Suite, Apt. #, etc.
STE 203

City & State
NEW YORK NY

Zip Country
10013 NEW YORK

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

26-0029605

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FEN QING, CHEN
1101 BLANDING BLVD
ORANGE PARK, FL 32065

7. Name and Address of New Registered Agent

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

X Chen Fen qing

FEN QING CHEN / PRES.

4/20/03

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

(NOTE: Registered Agent Signature Required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

TITLE P ☐ Delete
NAME CHEN, FEN CEING
STREET ADDRESS 1101 BLANDING BLVD
CITY-ST-ZIP ORANGE PARK, FL 32065

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEN QING CHEN / PRES.

4/20/03

904-276-8200

Date

Daytime Phone #

CR2E034 (10/02)