


FILED
Jun 02, 2003 8:00 am
Secretary of State

06-02-2003 90197 044 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000016079			
1. Entity Name HAPPY BUFFET, INC.			
Principal Place of Business 3445 N FEDERAL HWY POMPAHO BCH, FL 33064		Mailing Address 3445 N FEDERAL HWY POMPAHO BCH, FL 33064	
2. Principal Place of Business 532 E WOOLBRIGHT ROAD		3. Mailing Address 532 E WOOLBRIGHT ROAD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State BOYNTON BEACH, FL		City & State BOYNTON BEACH, FL	
Zip 33436	Country PALM BEACH	Zip 33436	Country PALM BEACH
5. Name and Address of Current Registered Agent CHAN, SAU Y 3445 N FEDERAL HWY POMPAHO BCH, FL 33064		4. FEI Number 02-0583462 Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
		7. Name and Address of New Registered Agent	
		Name CHAN, SAU Y	
		Street Address (P.O. Box Number is Not Acceptable) 532 E WOOLBRIGHT ROAD	
		City BOYNTON BEACH FL Zip Code 33436	
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 <i>X Sau yuk chan</i> <small>Signature, type or printed name of registered agent and file if applicable.</small>		CHAN, SAU Y <small>(NOTE: Registered Agent signature required when resigning)</small>	
		DATE 5/29/03	
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHAN, SAU Y 532 E WOOLBRIGHT ROAD BOYNTON BEACH, FL 33436 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: <i>X Sau yuk chan</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		CHAN, SAU Y 5/29/03 <small>Date Daytime Phone #</small>	

CR2E034 (10/02)