

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90708 032 ***150.00

DOCUMENT # P02000019800

1. Entity Name
KINGDOM BUFFET ENTERPRISES, INC.



Principal Place of Business
5100 S CLEVELAND AVENUE SUITE 401
FORT MYERS FL 33907

Mailing Address
5100 S CLEVELAND AVENUE SUITE 401
FORT MYERS FL 33907

2. Principal Place of Business

5100 S Cleveland Ave 401
Suite, Apt. #, etc. 401

3. Mailing Address

5100 Cleveland Ave
Suite, Apt. #, etc. 401

City & State
Ft Myers Florida

City & State
Ft Myers Florida

Zip
33907

Country
USA

Zip
33907

Country
USA

4. FEI Number

65-0904389

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

ZHU, XIAO MING
5100 S CLEVELAND AVENUE SUITE 401
FORT MYERS FL 33907

7. Name and Address of New Registered Agent

Name
XIAO . MING ZHU

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

5100 Cleveland Ave 401

City
Ft Myers

FL

Zip Code
33907

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 \$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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ZHU, XIAO MING
5100 S CLEVELAND AVENUE SUITE 401
FORT MYERS FL 33907

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
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STREET ADDRESS
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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 empowerers.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/08/03 239-275-5408

Date

Daytime Phone #

CR2E034 (10/02)