2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOC	JME	NT#
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P02000028812

1. Entity Name

LUCKY BUFFET, INC.

FILED
Jan 15, 2003 8:00 am
Secretary of State
01 15 2002 00210 025 ***150 00

01-15-2003 90210 035 ***150.00

					195	WE TRES				
Principal Place of Business 10 PALM HARBOR VILLAGE WAY PALM COST FL 32137		10	Mailing Address 10 PALM HARBOR VILLAGE WAY PALM COST FL 32137			}	- 	FÖLIGGE IJE GGILD GIGIF GDIZA BERIF ADI		18141 11818 (101 10 0 1
2. Principal	Place of Business	3. M	ailing Address		·					
Suite, Ap	t. #, etc.	Su	ite, Apt. #, etc.					☐ CHECK HERE IF M	AKING CHANG	250
City & Sta	ate ·	Cit	y & State				4. FEI Nu	mber	TARRING OFFICE	Applied For
Zip	Country	Zip)	Count	try		5. Certificate of Status Desired 58.75 Additional			
	6. Name and Address of	Current Register	red Agent	<u></u>	· · ·				Fee Req	uired
	-	- Controller Hogister	ed Agent		Name	·		and Address of New Regist	ered Agent	
ZHENG, 2	XIV HUI						~		-	
1	HARBOR VILLAGE WAY				Street A	Address (F	P.O. Box Nur	mber is Not Acceptable)	142	
	OST FL 32137									
				,	- <u>-</u>					
					City				FL Zip C	Code
8. The above the obliga	e named entity submits this state tions of registered agent.	ement for the pur	pose of changing its	s registere	d office a	r registere	ed agent, or	both, in the State of Florida.	l am familiar w	ith, and accept
SIGNATURE	Signature, typed or printed name of registe	ered agent and title if an	plicable (NOT	F: Registered	Agent signati	uro roquirod u	when reinstating)			
<u> </u>			The transfer that	L. Magistered	Agent signat	ure required v	when reinstating)	 -	DATE	
	ILE NOW!!! FEE IS \$150. r May 1, 2003 Fee will be \$5				• .		9.	Election Campaign Financin	1 9 na	5 00 u - 5
MakelChec	R Payable to Florida Departr	nent of State			*		j,	Trust Fund Contribution.	· - •••	5.00 May Be Ided to Fees
10.		RS AND DIRECTO	I Dec	-	 _					
TITLE	OFFICE	13 AND DIRECTO		11.	-	POZ	ADDITION SIDEN	IS/CHANGES TO OFFICERS		
NAME			☐ Delete	TITLE NAME	İ	~~~	NEW	! > ⇒ d = u	☐ Chanç	ge 🛱 Addition
STREET ADDRESS					T ADDRESS	XIU	L Hu	1 EHENGY		
CiTY-ST-ZIP				CITY-S		10 1	PALM	HARBOR VI	ZLAGE.	Way
TITLE	, , , , , , , , , , , , , , , , , , ,	7.	☐ Delete	TITLE		VIP	4	137, n. 3213	Chang	ge 🗷 Addition
NAME				NAME		J'F		XIÃO		e Audition
STREET ADDRESS				STREET	ADDRESS	41	7/4 U	1140000 1/3	11462	(man
CITY-ST-ZIP				CITY-S	ST-ZIP	101	24 LM	HARBOR VIZ	7000 c	~~9
TITLE			☐ Delete	TITLE		1-10-		455, 7 3°	☐ Chang	e Addition
NAME	مي	•	. 🛶 💮 😘	NAME	.[Trea	sum-	SECRETARY		
STREET ADDRESS CITY-ST-ZIP					ADDRESS	YAN	J SH	HENG ZHEN	167	
				CITY-S	ST-ZIP		Parla	HENG ZHEN HARBON HT, Fr 32137	1310	is was
TITLE NAME			☐ Delete	TITLE		() (C C	ノルからるし	Chang	e 🔲 Addition
STREET ADDRESS				NAME	ADDRESS	roor	7 4	11, 25 35/37		
CITY-ST-ZIP				CITY-S						.
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NAME			D Delete	NAME		7110		Viv. Tino	Change	e 🔀 Addition
STREET ADDRESS					ADDRESS	ZITE	74	7/02 01750	05/162	- 1. cm
CITY-ST-ZIP				CITY-S	T-ZIP	(0	PALM	HARVER "	- I CHYE	ランクー
TITLE		*	☐ Delete	TITLE		PALI	7 6A	YILL JIAO HARJON	137 Channe	Addition
NAME OVERT ADDRESS				NAME	[, -	Change	L. HOURINI
STREET ADDRESS					ADDRESS					ĺ
CITY-ST-ZIP			_	CITY-ST	F-ZIP					1

12. 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: 2

VIOLUSTATIONE PURILIBED
SIGNATURE AND TYPED ON MINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #