

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

FILED

03 NOV -3 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000064561

1. Entity Name

NEW STYLE RESTAURANT, INC.



DO NOT WRITE IN THIS SPACE

REINSTATEMENT 03

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1475 PALM COAST PKWY

3. Mailing Address
539 N MILLS AVE

Suite, Apt. #, etc.
#106

Suite, Apt. #, etc.

City & State
PALM COAST, FL

City & State
ORLANDO, FL

4. FEI Number
01-0720878

Applied For
Not Applicable

Zip
32137

Country
US

Zip
32803

Country
US

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name
ZHANG, ZI WEN

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

1475 PALM COAST PKWY #106

City
PALM COAST

FL

Zip Code
32137

**DO NOT WRITE
IN THIS SPACE**

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 *Zi Wen Zhang*

ZI WEN ZHANG

10/24/2003

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

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
P
ZHANG, ZI WEN
1475 PALM COAST PKWY #106
PALM COAST FL 32137

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
000024389190
11/03/03--01102--019 **\$150.00

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Zi Wen Zhang*

ZI WEN ZHANG

10/24/2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

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NEW STYLE RESTAURANT, INC.

539 N MILLS AVE
ORLANDO, FL 32803

October 24, 2003

Florida Department of State
P.O.BOX 6327
Tallahassee, FL 32314

SUBJECT: 2003 ANNUAL REPORT

DOCUMENT NUMBER: P02000064561

Dear Sir or Madam,

We refer to the above matter. Please note that we have not received the 2003 annual report from you until we got the forward mail recently due to the change of our mailing address. Our current mailing address is 539 N MILLS AVE. ORLANDO, FL 32803.

Enclosed please find the check of \$150.00 for 2003 filing fees. It would be highly appreciated if you could kindly waive the penalty and correct your record.

Thank you.

Yours truly,


Zi Wen Zhang / President