

**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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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)

*Z*

**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