

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

**FILED**  
**Mar 18, 2003 8:00 am**  
**Secretary of State**

03-18-2003 90063 040 \*\*\*150.00

DOCUMENT # *P02000066626*

1. Entity Name  
*MIAMI CHINESE BUFFET, INC.*



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
*1635 SW 107th Ave*

3. Mailing Address  
*18999 DISCAYNE BLVD.*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*#205*

City & State  
*MIAMI, FL.*

City & State  
*AVENTURA, FL.*

4. FEI Number  
*72-1528572*

Applied For  
Not Applicable

Zip  
*33165*

Country  
*MIAMI DADE*

Zip  
*33180*

Country  
*MIAMI DADE*

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

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
*XIAN LIN HUANG*

Street Address (P.O. Box Number is Not Acceptable)  
*18999 DISCAYNE BLVD. #205*

City  
*AVENTURA* FL Zip Code  
*33180*

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 *Xian Lin Huang*

(NOTE: Registered Agent signature required when reinstating)

DATE

*@ 3/15/03*

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  
*PD  
XIAN LIN HUANG  
1635 SW 107th Ave  
MIAMI, FL. 33165*

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
*SP  
YI QING CHEN  
1635 SW 107th Ave  
MIAMI, FL. 33165*

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
*TD  
QI WEN HUANG  
1635 SW 107th Ave  
MIAMI, FL. 33165*

TITLE  
NAME  
STREET ADDRESS  
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**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 *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)