

2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

FILED  
Apr 16, 2003 8:00 am  
Secretary of State

04-16-2003 90232 026 \*\*\*150.00

DOCUMENT # P02000076779

1. Entity Name

ASIAN KING BUFFET INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

67 NE EGLING PARKWAY

3. Mailing Address

% CAAT, INC.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

17 E. BROADWAY. # 204.

City & State

FT. WALTON BEACH, FL

City & State

NEW YORK, NY

Zip

32547

Country

OKALOOSA

Zip

10002

Country

NEW YORK

4. FEI Number

56-2289030

Applied For

No: Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

QING HUI ZHANG

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

67 NE EGLING PARKWAY

City

FT. WALTON BEACH

FL

Zip Code

32547

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

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	DPVTS QING HUI ZHANG 67 NE EGLING PARKWAY. FT. WALTON BEACH, FL - 32547	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVTS QING HUI ZHANG 67 NE EGLING PARKWAY. FT. WALTON BEACH, FL - 32547	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
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	

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: QING HUI ZHANG / PRESIDENT. 4/9/03.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone