2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P0200009724/

1. Entity Name

THE BUFFET FACTORY, INC



FILED Apr 21, 2003 8:00 am Secretary of State

04-21-2003 91220 038 ***150.00

Principal Place of Business Mailing Address M. . 11005563 v. illusisdi 2. Principal Place of Business
/8/00 COLLINS 3. Mailing Address DVE 1444 BISCAYNE BLVD Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES 302 Applied For City & State 4. FEI Number 300/10289 MISMI Not Applicable 33132 Country \$8.75 Additional 5. Certificate of Status Desired 33160 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LOBNIG, PETER Street Address (P.O. Box Number is Not Acceptable) 1444 BISCONNETBLV) #302 MIAMI FL 33132-City 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. DATE (NOTE; Registered Agent signature required when reinstating) FILE NOWLII, FEE IS \$150.00 % After May 1, 2003 Fee will be \$550.00 : Make Check Psyable to Fjorida Oppartment of State 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS **PSTD** TITLE Delete TITLE Change Addition LOBNIG, PETER K NAME NAME 1541 BRICKELL AVE 2403 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33129 CITY-ST-ZIP TITLE ☐ Delete TITLE ___ Change ☐ Addition MAKE NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition Detete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/03

<u> 577-0100</u>