2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## Sep 08, 2003 8:00 am Secretary of State P02000098538 DOCUMENT # 09-08-2003 90139 026 \*\*\*150.00 1. Entity Name MARCO POLO SUPER BUFFET CORPORATION Principal Place of Business Mailing Address 469 LAKE ROAD 469 LAKE ROAD LAKE MARY FL 32746 LAKE MARY FL 32746 Principal Place of Business 3. Mailing Address KONALD Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City\_& State City & State itusville Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ZHENG, DE NENG Street Address (P.O. Box Number is Not Acceptable) **469 LAKE ROAD** LAKE MARY FL 32746 City Zip Code 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 prejed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE TITLE Addition ☐ Delete ZHENG, DE NENG NAME NAME 469 LAKE ROAD STREET ADDRESS STREET ADDRESS LAKE MARY EL 32746 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Fiorida 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, Fiorida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

Daytime Phone #

CR2E034 (4/03)

ATTACHMENT # P02000098538

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| t on January 2003 It must have been both in   |
| ailed the payment to you right away.  |
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| Enclose is a cleer fr # DV or for the annual fee  |
| trance you for your consideration   |
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| Jonaly yours  |
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