

FROM :

FAX NO. :

Jan. 24 2005 12:51PM P3

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P03000132078

1. Entity Name

CHINA BUFFET XIYANG INC.

**DO NOT WRITE IN THIS SPACE**2. Principal Place of Business  
113 S. DEANE DUFF AVE.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
CLEWISTON, FL

City &amp; State

4. FEI Number  
20-0409819Applied For  
Not ApplicableZip  
33440

Country

Zip

Country

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

JING DIAN XUE

Street Address (P.O. Box Number is Not Acceptable)  
113 S. DEANE DUFF AVE.City  
CLEWISTON

FL

Zip Code  
33440

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 *Xuejing Dian*

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 \$81.25

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

11.

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPJING DIAN XUE  
(President)  
113 S. DEANE DUFF AVE.  
CLEWISTON, FL 33440TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
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CITY-ST-ZIPTITLE  
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: *Xuejing Dian*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

ATX1

05 JAN 25 AM 11:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

4/19/04 90292 035

DO NOT WRITE IN THIS SPACE \$150.00