FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
09 JAN 23 PM 12:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ATX1

DOCUMENT # P06000067846

1. Entity Name

NEW CHINA BUFFET INC

DO NOT WRITE IN THIS SPACE

100141895411
01/23/09--01054--008 **150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	4. FEI Number	Applied For
1800 S HIGHWAY 77 STE 500		20-4886728	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State: LYNN HAVEN, FL	City & State		
Zip: 32444 / 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: FANG CHAN

Street Address (P.O. Box Number is Not Acceptable): 1800 S HWY 77 STE 500

City: LYNN HAVEN **FL** Zip Code: 32444

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		11.	
TITLE	PRESIDENT	TITLE	
NAME	FANG CHAN	NAME	
STREET ADDRESS	1800 S HWY 77 STE 500	STREET ADDRESS	
CITY-ST-ZIP	LYNN HAVEN, FL 32444	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Fang Chan 01/23/09

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #