

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

ATX1

DOCUMENT # P06000145669	
1. Entity Name	
CHINA BUFFET RONG CHENG INC.	

FILED
09 JAN 23 PM 1:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 113 S DEANE DUFF AVE STE A		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State CLEWISTON, FL		City & State	
Zip 33440	Country	Zip	Country

900141895769
01/23/09--01054--013 **150.00

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DO NOT WRITE IN THIS SPACE		4. FEI Number 20-5926414		Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
		7. Name and Address of Current Registered Agent		
		Name JING YONG XUE Street Address (P.O. Box Number is Not Acceptable) 113 S DEANE DUFF AVE STE A 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

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 NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JING YONG XUE 113 S DEANE DUFF AVE STE A CLEWISTON, FL 33440	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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:

Jing Yong Xue

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #