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FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 APR 28 PM 3:27

DOCUMENT # P08000110432

1. Entity Name
EMPIRE CHINESE RESTAURANT INC

DO NOT WRITE IN THIS SPACE

200153353992
04/28/09--01046--022 **150.00
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1700 N. MONROE ST	
Suite, Apt. #, etc. #12	Suite, Apt. #, etc.
City & State TALLAHASSEE, FL	City & State
Zip 32303 / Country	Zip / Country

4. FEI Number 80-0322187 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name
PENG FEI LIU

Street Address (P.O. Box Number is Not Acceptable)
1700 N. MONROE ST #12

City TALLAHASSEE **FL** Zip Code 32303

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

TITLE	PRESIDENT
NAME	PENG FEI LIU
STREET ADDRESS	1700 N. MONROE ST #12
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	
NAME	
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CITY-ST-ZIP	
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11.

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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: X Peng Fei Liu
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #