2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000083315

YANG CHINA BUFFET, INCORPORATED

Principal Place of Business

Mailing Address

1155 MALABAR RD NORTH --- BAY FL 32907

1226 E COLONIAL DR #B ORLANDO FL 32803-4702

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2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE	IN THIS SPACE		
City & State		City & State		4. FEI Number 59-3468863	 -	plied For Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	□ \$8.75 Add Fee Required		
- 6. Name and Address of Current Registered Agent				-7.₌Name and Address of New Registered Agent			
			Name	Name			
YANG, KENT 1226 E.COLONIAL DR, STE B ORLANDO FL 32803			Street Address	Street Address (P.O. Box Number is Not Acceptable)			
			City		FL 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State		tate Tust rusta Contribution.	Added Added	May Be to Fees	
11. OFFICERS AND DIRECTORS		12.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS	SIN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD YANG, KENT 1226 E COLONIAL DR, STE B ORLANDO FL 32803	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GUO, QIAU R 1226 E COLONIAL DR, STE B ORLANDO FL 32803	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	•	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		- Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	entify that the information supplied with t	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP the exemption stated in	Section 119.07(3)(i), Florida Statutes. I	☐ Change	Addition	

FILED May 23, 2000 8:00 am Secretary of State 05-23-2000 90234 046 ***150.00

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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND COPE OF MINTED NAME OF SIGNING OFFICER OF DIRECTOR

4-30-00