FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## May 14, 2001 8:00 am DOCUMENT # P97000083315 Secretary of State YANG CHINA BUFFET, INCORPGRATED 05-14-2001 90250 010 \*\*\*150.00 Principal Place of Business Mailing Address 1155 MALABAR RD NORTH 1226 E COLONIAL DR #8 PALM BAY FL 32907 ORLANDO FL 32803 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3468863 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name YANG, KENT Street Address (P.O. Box Number is Not Acceptable) 1226 E COLONIAL DR, STE B ORLANDO FL 32803 City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Change Addition Delete TITLE NAME YANG, KENT NAME STREET ADDRESS STREET ADDRESS 1226 E COLONIAL DR. STE B CITY-ST-ZIP CITY-ST-ZIE ORLANDO FL 32803 ☐ Addition TITI F ☐ Change SD ☐ Delete TITLE NAME GUO, QIAU R NAME STREET ADDRESS STREET ADDRESS 1226 E COLONIAL DR. STE B CITY-ST-7IP CITY-ST-7IP ORLANDO FL 32803 ☐ Change Addition TITLE TITLE - Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 supplier ential 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 impowered 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.

321-953-3202

Date

Daytime Phone #