2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address

SIGNATURE:

May 06, 2002 8:00 am Secretary of State P98000040079 DOCUMENT # 1. Entity Name 05-06-2002 90290 033 ***150.00 PALACE BUFFET, INC. Principal Place of Business Mailing Address 11701 SAN JOSE BLVD., STE. 3 11701 SAN JOSE BLVD., STE. 3 CONTRACTOR SEEDS JACKSONVILLE FL 32223 JACKSONVILLE FL 32223 ECC PIC 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3509599 Not Applicable 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 KWOK. LEUNG TUNG SWSEE SPARE Street Address (P.O. Box Number is Not Acceptable) 11701 SAN JOSE BLVD **指标的 320%**。6 STE 3 JACKSONVILLE FL 32223 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 Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 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. (9/01) ☐ Delete TITLE ☐ Change TITLE CHEUNG, CHOU F NAME NAME CLEURO, CRANT CR2E034 11701 SAN JOSE BLVD - STE 3 STREET ADDRESS STREET ADDRESS CALL BOOK MAR 1677 CITY-ST-7IP JACKSONVILLE FL 32223 CITY-ST-7IP MURCHWALE PLOYER ☐ Delete TITLE Addition NAME NAME KWOK, LEUNG J STREET ADDRESS 11701 SAN JOSE BLVD - STE 3 STREET ADDRESS 社会工 夏山地域建设公司 CITY-ST-ZIP JACKSONVILLE FL 32223 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Defete 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 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 11 or Block 12 if

FILED