

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000060726

1. Entity Name

MAIN MOON BUFFET INC.

**FILED**  
**Feb 13, 2001 8:00 am**  
**Secretary of State**

02-13-2001 90054 011 \*\*\*150.00

Principal Place of Business  
18423 S DIXIE HWY  
SOUTH DADE PLAZA  
MIAMI FL 33157

Mailing Address  
C/O ROY HUNG 70 BOWERY LOWER LEVEL  
28  
NEW YORK NY 10013  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0903720

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GUO, JIAN RUI  
18423 S DIXIE HWY  
SOUTH DADE PLAZA  
MIAMI FL 33157

Name

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, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME          | STREET ADDRESS                      | CITY-ST-ZIP    |                                 | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |   |
|-------|---------------|-------------------------------------|----------------|---------------------------------|-------|------|----------------|-------------|---|
|       | PD            |                                     |                | <input type="checkbox"/> Delete |       |      |                |             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|       | GUO, JIAN RUI | 18423 S DIXIE HWY, SOUTH DADE PLAZA | MIAMI FL 33157 |                                 |       |      |                |             |   |
|       |               |                                     |                | <input type="checkbox"/> Delete |       |      |                |             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|       |               |                                     |                |                                 |       |      |                |             |   |
|       |               |                                     |                | <input type="checkbox"/> Delete |       |      |                |             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|       |               |                                     |                |                                 |       |      |                |             |   |
|       |               |                                     |                | <input type="checkbox"/> Delete |       |      |                |             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|       |               |                                     |                |                                 |       |      |                |             |   |
|       |               |                                     |                | <input type="checkbox"/> Delete |       |      |                |             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|       |               |                                     |                |                                 |       |      |                |             |   |
|       |               |                                     |                | <input type="checkbox"/> Delete |       |      |                |             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|       |               |                                     |                |                                 |       |      |                |             |   |

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)