## 2000 UNIFORM BUSINESS REPORT (UBR)

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

SIGNATURE AND REFER ON FRINCED NAME OF SIGNING OFFICER OR DIRECTOR

## Jan 20, 2000 8:00 am Secretary of State DOCUMENT # **P98000085484** 1. Entity Name CHINA FIRST BUFFET OF ALTAMONTE SPRINGS, INC 01-20-2000 90158 007 \*\*\*150.00 Principal Place of Business Mailing Address 691E ALTAMONTE DRIVE 691E ALTAMONTE DRIVE ALTAMONTE SPRINGS FL 32701 ALTAMONTE SPRINGS FL 32701-4820 B0004944 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 59-3534826 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LIN, JIE 691E ALTAMONTE DRIVE ALTAMONTE SPRINGS FL 32701 LTAMONIE DRIVE ent for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity submits this state. SIGNATURE Signature, typed or printed in (NOTE: Registered Agent signature required when reinstating) registered agent and title if applicable. 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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. President in LIN, XUAN RONG DRIVE TITLE 🕅 Delete NAME NAME LIN. JIE STREET ADDRESS STREET ADDRESS **691E ALTAMONTE DRIVE** ALTAMONIE SPRINGS T-632701 CITY-ST-ZIP CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701 TITLE TITLE Delete NAME LIN, JING NAME STREET ADDRESS STREET ADDRESS 691E ALTAMONTE DRIVE CITY-ST-7IP CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701 Change Addition TITLE TITLE Delete LIN, YONG ZMENG " " NAME NAME STREET ADDRESS STREET ADDRESS 619 S. ALTAMONTE DRIVE CITY-ST-ZIP CITY-ST-7IP ALTAMONTE SPRINGS FL 32701 ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete Change ☐ Addition TITLE 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

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