FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED May 02, 2002 8:00 am Secretary of State

CHINA COBST GRILL RESTAURANT, INC.					05-02-2002 90052 041 ***150.00		
	DO NOT WRITE	IN THIS SE	PACE				
2. Principal F	Place of Business US HWV 98 N.	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
LAKZ-L	AND FL.	City & State	te		4. FEI Number Applied For Not Applicable		
Zip 3380 9-3813 Country		Zip	Country	5. Certificate of	5. Certificate of Status Desired See Required		
			· •	7. Name and Add	ress of Current Registered		
	DO NOT W	DITE 7	Name M&	- I YAN R	EN		
IN THIS SPACE			Street Address (P.O. Box Number is Not Acceptable)				
			City LAN	City LAKZ-LAND FL Zip Code			
8. The above	named entity submits this statement for t	he purpose of changing its re		• •		133,007	
	·		_				
SIGNATURE .	Signature, typed or printed name of registered agent and	title if applicable. (NOTE:	Registered Agent signature requ	fired when reinstating)	DATE	·	
Tax filing requirement and elects to do so. After May 1, Amended I			y 1 Fee is \$150.00 , Fee is \$550.00 UBR is \$61.25	Trust F	n Campaign Financing und Contribution.	\$5.00 May Be Added to Fees	
11.	·	Make Check Payable	to Department of S	itate			
TITLE	OFFICERS AND D	IRECTORS	777.5			*	
NAME	DIP		TITLE NAME				
STREET ADDRESS	MEI YAN REN 3900 US HWY 98 N		STREET ADDRESS				
CITY-ST-ZIP	3900 US HWY 98 N.	LAKELAND FL.	CITY-ST-ZIP			·	
TITLE		33809	TITLE				
NAME		•	NAME		. 4		
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CITY-ST-ZIP	***		CITY-ST-ZIP				
13. I hereby ce	ertify that the information supplied with thi	s filing does not qualify for th		Section 119.07(3)(i), Flo	orida Statutes. I further certify	that the information	

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