

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91191 010 ***150.00

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

DOCUMENT # *P99000043852*
 1. Entity Name
CHINA PEARL BUFFET, INC.

663541

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8935 N DALE HARRY HWY
 Suite, Apt. #, etc.
 City & State
TAMPA, FL 33614
 Zip
33614

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip
 Country

4. FEI Number
 Applied For
 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
 IN THIS SPACE**

7. Name and Address of Current Registered Agent
 Name *LAN, DA XING*
 Street Address (P.O. Box Number is Not Acceptable)
8935 N DALE HARRY HWY
 City *TAMPA* FL Zip Code *33614*

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
 After May 1 Fee is \$550.00
 Amended UBR is \$61.25
 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>P. D LAN, DAKING 8935 N. DALE HARRY HWY, TAMPA, FL 33614</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VP, D CHI, MEI Y 8935 N DALE HARRY HWY TAMPA, FL 33614</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
 IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *DA XING LAN* 4-29-02
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)