2000 UNIFORM BUSINESS REPORT (UBR)

1/26/00-90188-001-$5.00-$5.00
* 1/26/00-90188-002-$5.00-$5.00
* 1/26/00-90188-003-$8.75-$8.75
* 1/26/00-90188-004-$150.00-$150.00

FILED

00 FEB 28 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000072140

1. Entity Name

KING BUFFET OF ORLANDO, INC.

Principal Place of Business	Mailing Address
1375 SEMORAN AVE. CASSELBERRY FL 32707	1375 SEMORAN AVE. CASSELBERRY FL 32707-6503

DO NOT WRITE IN THIS SPACE

59-3599327

2. Principal Place of Business	3. Mailing Address
1375 Semoran Blvd Suite, Apt. #, etc.	1375 Semoran Blvd Suite, Apt. #, etc.
City & State: Casselberry FL	City & State: Casselberry FL
Zip: 32707 Country: Seminole	Zip: 32707 Country: Seminole

4. FEI Number: 59-3599327 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAM, SHUI T
1375 SEMORAN AVE.
CASSELBERRY FL 32707

7. Name and Address of New Registered Agent

Name: Lam, Shui T
Street Address (P.O. Box Number is Not Acceptable): 1375 Semoran Blvd
City: Casselberry FL Zip Code: 32707

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] Shui Tung Lam 1/15/00
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, 2000 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	PD LAM, SHUI TUNG 320 REFLECTIONS CIR., APT. #306 CASSELBERRY FL 32707	☐ Delete	Director Mao S Ni 320 Reflections Cir, Apt 306 Casselberry FL 32707	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	Director Kong Da Ni 320 Reflection Cir Apt 306 Casselberry FL 32707	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	LS	☐ Change ☐ Addition

CR2E034 (9/99)

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] Mao Ni Kong 2/00 407-678-5388
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #