

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90023 017 ***150.00

DOCUMENT # P99000094009

1. Entity Name

CRAZY BUFFET IN FORT LAUDERDALE, INC.

Principal Place of Business

**4850 N. UNIVERSITY DRIVE
 LAUDERHILL FL 33351**

Mailing Address

**12202 N. 22ND STREET.. #327
 TAMPA FL 33612**

2. Principal Place of Business

3. Mailing Address

P.O. Box 17280

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Zip

Country

City & State

TAMPA FL

33682-7280

Country

USA

4. FEI Number

65-0957924

Applied For

Not Applicable

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

**CHENG, MEI WOON
 4850 N. UNIVERSITY DRIVE
 LAUDERHILL FL 33351**

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 **X MEI WOON CHENG**
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

CHENG MEI WOON

4/26/2002

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, 2002 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 ☐ Delete
 NAME **D**
 STREET ADDRESS **CHENG, MEI WOON**
 CITY-ST-ZIP **4850 N. UNIVERSITY DRIVE
 LAUDERHILL FL 33351**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **X MEI WOON CHENG** **CHENG, MEI WOON**

4/26/2002

813-998-9222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)