

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000103545

1. Entity Name

ORIENTAL BUFFET, INC.

FILED

Feb 28, 2000 8:00 am  
Secretary of State

02-28-2000 90117 001 \*\*\*150.00

Principal Place of Business

Mailing Address

1375 SEMORAN AVE  
CASSELBERRY FL 32707

1375 SEMORAN AVE  
CASSELBERRY FL 32707

2. Principal Place of Business

3. Mailing Address

1375 Semoran BLVD

1375 Semoran BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Casselberry FL

Casselberry FL 32707

4. FEI Number

Applied For

Not Applicable



DO NOT WRITE IN THIS SPACE

Zip  
32707

Country

Seminole

Zip

32707

Country

Seminole

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

SHUI TUNG LAM  
1375 SEMORAN AVE  
CASSELBERRY FL 32707

Name  
Shui Tung Lam

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, 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  
SHUI TUNG LAM  
320 REFLECTIONS CIRCLE, APT 306  
CASSELBERRY FL 32707

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Delete

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STREET ADDRESS  
CITY - ST - ZIP  
Change Addition

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CITY - ST - ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Change Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/8/00

407-678-5388

CP2000 (9/99)