

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

01 APR 26 PM 1:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000006164

1. Entity Name

MAX ORIENT EDISON MALL, LLC

Principal Place of Business

3903 NORTHDAL BLVD., SUITE 150 E
TAMPA FL 33624

Mailing Address

3903 NORTHDAL BLVD., SUITE 150 E
TAMPA FL 33624



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3421 N. Lakeview Dr

3. Mailing Address

3421 N. Lakeview Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite # 1168

Suite # 1168

City & State

City & State

Tampa FL

Tampa, FL

Zip

Country

Zip

Country

33618

U.S.A.

33618

U.S.A.

4. FEI Number

59-3646579

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUANG, PEI-REW

3903 NORTHDAL BLVD., SUITE 150 E
TAMPA FL 33624

Name

Street Address (P.O. Box Number is Not Acceptable)

3421 N. Lakeview Dr

Suite # 1168

City

Tampa

FL

Zip Code

33618

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Member/President
Kan Chang
3421 N. Lakeview Drive STE #1168
Tampa, FL 33618

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
500004190995-8
-05/09/01-01083-004
*****50.00 *****50.00
☐ 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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Kan Chang 4/19/01

813-265-3955

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)