

# 2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

01 APR 26 AM 9:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # L00000006308

1. Entity Name  
MAX ORIENT GOVERNOR'S SQUARE, LLC

Principal Place of Business  
3903 NORTHDAL BLVD., SUITE 150E  
TAMPA FL 33624

Mailing Address  
3903 NORTHDAL BLVD., SUITE 150E  
TAMPA FL 33624

2. Principal Place of Business

3421 N. Lakeview Dr

Suite, Apt. #, etc.

Suite #168

City & State

Tampa, FL

Zip

33618

Country

U.S.A.

3. Mailing Address

3421 N. Lakeview Dr

Suite, Apt. #, etc.

Suite #168

City & State

Tampa, FL

Zip

33618

Country

U.S.A.

4. FEI Number

59-3653109

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HUANG, PEI-REW

3903 NORTHDAL BLVD., SUITE 150E

TAMPA FL 33624

7. Name and Address of New Registered Agent

Name

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

3421 N. Lakeview Dr #168

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Member/President  
Donald Wu  
3421 N. Lakeview Drive STE #168  
Tampa, FL 33618

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
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10. ADDITIONS/CHANGES

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

TITLE  
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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:

Donald Wu

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)