

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 03, 2002 8:00 am
Secretary of State

05-03-2002 90108 001 ***300.00

DOCUMENT # P00000032257

1. Entity Name

Tropical Max, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3577-111 Lake Emma Rd

3. Mailing Address

434 palm crest LN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Lake Mary

City & State

Lake Mary FL 32746

4. FEI Number

59-3645721

Applied For

Not Applicable

Zip

FL 32746

Country

Seminole

Zip

FL 32746

Country

Seminole

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

CHIH CHIN SUN

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

434 palm crest LN

City

Lake Mary

FL

Zip Code 32746

**DO NOT WRITE
IN THIS SPACE**

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

4-20-02

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <u>D SUN, CHIH CHIN 434 palm crest LN Lake Mary FL 32746</u> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <u>President QIAN, YIHONG 434 palm crest LN Lake Mary FL 32746</u> |
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-20-02 (407) 2345359

CR2E034B (12/01)