

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State
 04-27-2001 90396 036 ***150.00

0061043

DOCUMENT # P00000033554

1. Entity Name
MAX ORIENT, INC.

Principal Place of Business
**1221 EAST ROBINSON STREET
 ORLANDO FL 32801**

Mailing Address
**1221 EAST ROBINSON STREET
 ORLANDO FL 32801**

00011010



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8200 Vineland Ave.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite # 1204

City & State

City & State

Orlando, FL

4. FEI Number

59-3635270

Applied For

Not Applicable

Zip

Country

Zip

Country

32821

US

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

**FONG, DAVID
 1221 EAST ROBINSON STREET
 ORLANDO FL 32801**

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

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, 2001 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	PD	<input checked="" type="checkbox"/> Delete
NAME	FONG, MARGARET	
STREET ADDRESS	1221 EAST ROBINSON STREET	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	Liu, Tun M.	
STREET ADDRESS	1221 E. Robinson St	
CITY-ST-ZIP	Orlando, FL 32801	
TITLE	VP	<input type="checkbox"/> Delete
NAME	Liu, Cheng H.	
STREET ADDRESS	1221 E. Robinson St.	
CITY-ST-ZIP	Orlando, FL 32801	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 filers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)