FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

SIGNATURE AND TYPES OF FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Apr 28, 2001 8:00 am Secretary of State DOCUMENT # **P97000056274** A-SUN-MAX INTERNATIONAL, INC. 04-28-2001 90026 028 \*\*\*150.00 Principal Place of Business Mailing Address 3409 PARK SQUARE WEST #3 3409 PARK SQUARE WEST #3 TAMPA FL 33613 **TAMPA FL 33613** 2. Principal Place of Business 12820 Retoria 3. Mailing Address Retoria Circle 2820 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3461884 lampa lambo Not Applicable Country \$8.75 Additional 財 USA 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name. CHEN--SONG-GEN CHEN, SONG-GEN 3409 PARK SQUARE WEST #3 **TAMPA FL 33613** 12820 Retoria Circle 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 4-11-200 DATE Pregistered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ;R2E034 (10/00) TITLE Delete TITLE ☐ Addition CHEN, SONG-GEN 12820 Retoria Circle Tampa, FL 33625 NAME CHEN, SONG-GEN NAME STREET ADDRESS STREET ADDRESS 3409 PARK SQUARE WEST #3 CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33613 TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-7iP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS 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 like empowered.