

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000014336

1. Entity Name

CHINA MAX OF COUNTRYSIDE MALL, INC.

FILED
Aug 24, 2000 8:00 am
Secretary of State

08-24-2000 90003 017 ***550.00

Principal Place of Business

27011 US 19 NORTH, #2092
CLEARWATER FL 34621

Mailing Address

27011 US 19 NORTH, #2092
CLEARWATER FL 34621

2. Principal Place of Business

3. Mailing Address

15407 SIR MAXWELL CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ODDESSA FL

Zip

Country

Zip

33556

Country

HILLSBOROUGH

4. FEI Number

59-3492575

Applied For

Not Applicable

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

YANG, PAUL

27011 US 19 NORTH, #2092
CLEARWATER FL 34621

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

8/21/00

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 \$550.00

After SEPTEMBER 13, 2000 Min. will be \$750.00

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
NAME YANG, PAUL
STREET ADDRESS 3802 CARROLLWOOD PL. CIR. #206
CITY-ST-ZIP TAMPA FL 33624 ☐ Delete

TITLE PD
NAME Yang, Paul
STREET ADDRESS 15407 Sir Maxwell Ct
CITY-ST-ZIP ODDESSA, FL 33556 ☒ Change ☐ Addition

TITLE SD
NAME CHANG, CHIN C
STREET ADDRESS 3702 CARROLLWOOD PL. CIR #202
CITY-ST-ZIP TAMPA FL 33624 ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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.

SIGNATURE  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/21/00

Date

813-404-8611

Daytime Phone #

CR2E034 (5/00)