

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90379 039 ***150.00

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DOCUMENT # P98000038434

1. Entity Name
CHINA MAX OF TYRONE SQUARE, INC.



Principal Place of Business
**6901 22 AVE NO
TYRONE SQUARE MALL SPACE #VC-05
ST PETERSBURG FL 33710**

Mailing Address
**9319 FOX HILL DRIVE
CLEARWATER FL 33761**

11050004



2. Principal Place of Business
2255 TYRONE CT
Suite, Apt. #, etc.

3. Mailing Address
YEI, P. O. BOX 14508
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Saint Petersburg, FL
Zip
33710

City & State
Clearwater, FL
Zip
33766

4. FEI Number
59-3507066

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

KWON, YUN
2255 TYRONE COURT
SAINT PETERSBURG FL 33710

7. Name and Address of New Registered Agent

Name
YEI, MAYWA
Street Address (P.O. Box Number is Not Acceptable)
3233 State Road 580
City
Safety Harbor FL Zip Code
34695

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE

5/1/03

FILE NOW!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D KWON, YUN
2255 TYRONE CT
SAINT PETERSBURG FL 33710

TITLE
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/03

Date

Daytime Phone #

CR2E034 (10/02)