## 2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attached

SIGNATURE:

with an address, with all other

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING

## May 28, 2002 8:00 am Secretary of State **DOCUMENT #** P99000039515 1. Entity Name 05-28-2002 91529 048 \*\*\*150.00 CHINA MAX PENSACOLA, INC. Principal Place of Business Mailing Address 7171 N DAVIS HWY 1221 EAST ROBINSON STREET ORLANDO FL 32801 #VC4 PENSACOLA FL 32504 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3573381 Not Applicable Zip Country Country \$8.75 Additional -5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FONG, DAVID Street Address (P.O. Box Number is Not Acceptable) 1221 EAST ROBINSON STREET ORLANDO FL 32801 City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete TITLE Addition NAME XA, LINH SON NAME STREET ADDRESS STREET ADDRESS 4620 SALVIA DR ORLANDO FL 32809 CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition TITLE ☐ Delete NAME NAME LIU. TUN M STREET ADDRESS STREET ADDRESS 1221 E ROBINSON STREET CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32801 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete ☐ Change. → ☐ Addition 527 NAME ' NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SAFE TO A -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 it 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

CER OR DIRECTOR

**FILED** 

Daytime Phone #