

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State
 02-19-2002 90019 046 ***150.00

DOCUMENT # P99000045636

1. Entity Name
CHINA MAX OF CRYSTAL RIVER, INC.

Principal Place of Business Mailing Address
4120 STAFFORDSHIRE DR. 4120 STAFFORDSHIRE DR.
LAKELAND FL 33809 LAKELAND FL 33809

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

LEE, SHIANSHYAN
4120 STAFFORDSHIRE DR.
LAKELAND FL 33809

7. Name and Address of New Registered Agent

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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, 2002 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

TITLE	D	<input type="checkbox"/> Delete
NAME	LEE, SHIANSHYAN	
STREET ADDRESS	4120 STAFFORDSHIRE DR.	
CITY-ST-ZIP	LAKELAND FL 33809	
TITLE	D	<input type="checkbox"/> Delete
NAME	TRYFENAWATI, IRA	
STREET ADDRESS	1943 FARRINGTON DR.	
CITY-ST-ZIP	LAKELAND FL 33809	
TITLE	D	<input type="checkbox"/> Delete
NAME	TJANDRADJAJA, WIDIARTO	
STREET ADDRESS	1943 FARRINGTON DR.	
CITY-ST-ZIP	LAKELAND FL 33809	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEMBONO, ARIS	
STREET ADDRESS	1943 FARRINGTON DR.	
CITY-ST-ZIP	LAKELAND FL 33809	
TITLE	D	<input type="checkbox"/> Delete
NAME	HIDAYAT, ANDY	
STREET ADDRESS	1943 FARRINGTON DR.	
CITY-ST-ZIP	LAKELAND FL 33809	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHANG, CHING-JUNG	
STREET ADDRESS	4120 STAFFORDSHIRE DR.	
CITY-ST-ZIP	LAKELAND, FL 33809	

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 lines empowered.

SIGNATURE: LEE, SHIANSHYAN **1-14-02 (863) 338-2198**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)