

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 20, 2002 8:00 am**  
**Secretary of State**

05-20-2002 90306 022 \*\*\*150.00

**DOCUMENT # P99000034791**

1. Entity Name  
**LE-JANE, INC.**

Principal Place of Business  
**6147 NW 40TH ST.  
 CORAL SPRINGS FL 33067**

Mailing Address  
**6147 NW 40TH ST.  
 CORAL SPRINGS FL 33067**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**3621 CORAL SPRINGS DR.**

3. Mailing Address  
**3621 CORAL SPRINGS DR.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**CORAL SPRINGS, FL**

City & State  
**CORAL SPRINGS, FL**

4. FEI Number **65-0918994**

Applied For  
 Not Applicable

Zip Country  
**33065 U S A**

Zip Country  
**33065 U S A**

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

**SANG LO, KIN**  
**6147 NW 40TH ST.**  
**CORAL SPRINGS FL 33067**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**3621 CORAL SPRINGS DR.**  
 City **CORAL SPRINGS** FL Zip Code **33065**

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 *X Kin Sang Lo*  
 Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	WONG, HIN CHAK	6147 NW 40TH ST.	CORAL SPRINGS FL 33067	<input type="checkbox"/>
D	LEUNG, OY SUEN	6147 NW 40TH ST.	CORAL SPRINGS FL 33067	<input type="checkbox"/>
D	IP, WAI CHAU	6147 NW 40TH ST.	CORAL SPRINGS FL 33067	<input type="checkbox"/>
D	TAI, CHIH HUI	6147 NW 40TH ST.	CORAL SPRINGS FL 33067	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		3621 CORAL SPRINGS DR.	CORAL SPRINGS, FL 33065	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		3621 CORAL SPRINGS DR.	CORAL SPRINGS, FL 33065	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		3621 CORAL SPRINGS DR.	CORAL SPRINGS, FL 33065	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		3621 CORAL SPRINGS DR.	CORAL SPRINGS, FL 33065	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *X Kin Sang Lo*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **1/31/2002** Daytime Phone #: **(954) 755-6373**

CR2E034 (9/01)