## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR**

Mailing Address

1302 N.W. 188TH TERR.

## F41154 **DOCUMENT #**

1. Entity Name

Principal Place of Business

1302 N.W. 188TH TERR.

LEE JOHNSON'S GOLD COAST V.I.P. SERVICES, INC.



## **FILED** Apr 28, 2003 8:00 am Secretary of State

04-28-2003 91496 040 \*\*\*150.00

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2. Principal P	lace of Busin	ness	<b>3.</b> Mai	Mailing Address									
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Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & State				& State		4. FEI		59-1270616	Number <b>59-1270616</b>		oplied For ot Applicable		
Zip Country			Zip		Cour	Country		5. (	Certificate of Status Desired		8.75 Add ee Require		
6. Name and Address of Current Registered Agent								7. Name and Address of New Registered Agent					
JOHNSON, LEE						Name Street Address (P.O. Box Number is Not Acceptable)							
1302 N.W.	188TH TEI	RR.			Street A		O. D.	ox Number is Not Acceptable)					
MIAMI FL 33169													
	;					City FL Zip Code						е	
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE													
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FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State									Election Campaign Finan     Trust Fund Contribution.	cing		<b>0</b> May Be I to Fees	
10.		OFFICERS AND D		RS .	11.			ÁĎ	L DITIONS/CHANGES TO OFFICE	RS AND	DIRECTOR	S IN 11	
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	ertify that the	information supplied with t	this filina	does not qualify for t			ed in Sect	ion 1	119.07(3)(i), Florida Statutes. I fui	ther certif	 fy that the in	nformation	
indicated of the cor	on this report poration or th	t or supplemental report is t	true and . vered to	accurate and that my	/ signat	ture shall ha	ave the sa	me le	egal effect as if made under oath da Statutes; and that my name ap	; that I an	n an officer	or director	