

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2003 8:00 am
Secretary of State

07-31-2003 90073 035 ***150.00

0034995 AV

DOCUMENT # G91687

1. Entity Name
LEE'S HOUSE, INC.



Principal Place of Business
1425 S POWERLINE RD
POMPANO BEACH FL 33069
US 1263

Mailing Address
1425 S POWERLINE RD
POMPANO BEACH FL 33069
US



2. Principal Place of Business

1263 So Powerline Rd
Suite, Apt. #, etc.
Pompano Beach
City & State
FLA

3. Mailing Address

SAME 1263 So P
Suite, Apt. #, etc.
"
City & State
"

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2402715**

Applied For
Not Applicable

Zip
33069

Country
BROWARD

Zip
"

Country
USA

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

6. Name and Address of Current Registered Agent

MALIEN, LENORE
1425 SOUTH POWERLINE RD
POMPANO BEACH FL 33069

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

SIGNATURE *Lenore Malien*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MALIEN, LENORE 3751 OAKS CLUBHOUSE DR. POMPANO BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Winterphone 954-971-3199
7/28/03
732-870-0648 SUMME

CR2E034 (4/03)

Attachment

80135092
#691687

1263 **LEE'S HOUSE INC.**
4425 S. POWERLINE ROAD
POMPANO BEACH, FLORIDA 33069
PHONE: (954) 971-3199 FAX: (954) 973-1180

7/29/03

DEAR SIR -

1. Due to the FACT THAT I
never received the ORIGINAL
2003 Corp. notice —

2. I would truly appreciate
it if you would WAIVE the
the late penalty — According
to #1 question — in your
information guide.

3. My SUMMER address is
MALIKEN
Bx 211
MONTMOUTH BEACH NJ
07758

— phone 932-870-0648

THANK YOU
Lore Maliken