

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90733 047 ***150.00

DOCUMENT #
1. Entity Name **J08669**
LEE & CHAN CORP.

B0061602

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1000 NE 172 TERRACE
Suite, Apt. #, etc.

3. Mailing Address
1000 NE 172 TERRACE
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
NORTH MIAMI, FL

City & State
NORTH MIAMI, FL

4. FEI Number
592668721

Applied For
 Not Applicable

Zip **33162** Country **USA** Zip **33162** Country **USA**

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
LEE, SUEN CHAN

Street Address (P.O. Box Number is Not Acceptable)
1000 NE 172 TERRACE

City
NORTH MIAMI, FL Zip Code
33162

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 SUEN CHAN LEE **SUEN CHAN LEE, PRESIDENT** 4/2/2002
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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	P/D LEE, SUEN CHAN 1000 NE 172 TERRACE NORTH MIAMI, FL 33162	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S/T LEE, KWAI SANG 1000 NE 172 TERRACE NORTH MIAMI, FL 33162	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: SUEN CHAN LEE **SUEN CHAN LEE, PRESIDENT** 4/2/2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Mo/Yr