

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90827 037 ***150.00

DOCUMENT # **J08669**

1. Entity Name
LEE & CHAN CORP.



Principal Place of Business Mailing Address
~~1000 NE 172 TERRACE~~ **260 CRANDON BLVD** ~~1000 NE 172 TERRACE~~ **260 CRANDON BLVD**
~~NORTH MIAMI FL 33162 #47~~ ~~NORTH MIAMI FL 33162 #47~~
~~US~~ **KEY BISCAIYNE, FL 33149** ~~US~~ **KEY BISCAIYNE, FL 33149**



2. Principal Place of Business 3. Mailing Address
260 CRANDON BLVD **260 CRANDON BLVD**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
47 **# 47**

CHECK HERE IF MAKING CHANGES

City & State City & State
KEY BISCAIYNE, FL **KEY BISCAIYNE, FL**
 Zip Zip
33149 **33149**
 Country Country

4. FEI Number **59-2668721** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
~~LEE, KWAI SANG~~
~~1000 NE 172 TERRACE~~
~~NORTH MIAMI FL 33162~~

7. Name and Address of New Registered Agent
 Name **FAT CHIN CHEUNG**
 Street Address (P.O. Box Number is Not Acceptable) **260 CRANDON BLVD, # 47**
 City **KEY BISCAIYNE** **FL** Zip Code **33149**

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 DATE **2/18/03**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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	PD	<input checked="" type="checkbox"/> Delete
NAME	LEE, SUEN C	
STREET ADDRESS	1000 NE 172 TERRACE	
CITY-ST-ZIP	NORTH MIAMI FL 33162	
TITLE	VST	<input checked="" type="checkbox"/> Delete
NAME	LEE, KWAI S	
STREET ADDRESS	1000 NE 172 TERRACE	
CITY-ST-ZIP	NORTH MIAMI FL 33162	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FAT CHIN CHEUNG	
STREET ADDRESS	260 CRANDON BLVD, # 47	
CITY-ST-ZIP	KEY BISCAIYNE, FL 33149	
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		

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 **SIGNATURE REQUIRED** DATE **2/18/03** Daytime Phone #

CR2E034 (10/02)