

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L94013

1. Entity Name

SON LUE TRADING CORP.

Principal Place of Business

Mailing Address

3655 NW 78 AVE
MIAMI FL 33166

11225 SW 60TH CT
MIAMI FL 33156-4930
US

2. Principal Place of Business

11225 SW 60th CT

3. Mailing Address

Suite, Apt. #, etc.

Miami

Suite, Apt. #, etc.

City & State

MI, FL

City & State

Zip

33156

Country

USA

Zip

Country

4. FEI Number

65-0211509

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VOVA, PHILIP S.
1101 BRICKELL AVE
SUITE 900 BIV TOWER
MIAMI FL 33131

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.

SIGNATURE

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, 2000 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

TITLE D
NAME LUE, HENRY
STREET ADDRESS 3655 NW 78 AVE
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE D
NAME LUE, SONIA
STREET ADDRESS 3655 NW 78 AVE
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sonia Lue

Date

Daytime Phone #

3-20-00

666-3243

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90089 001 ***150.00

820700



DO NOT WRITE IN THIS SPACE