

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L94013

1. Entity Name

SON LUE TRADING CORP.

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90412 042 ***150.00

Principal Place of Business

11225 SW 60 CT
 MIAMI FL 33156

Mailing Address

11225 SW 60TH CT
 MIAMI FL 33156
 US

00054559



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

7. Name and Address of New Registered Agent

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

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sonia Lue

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-01

Date

305-666-3243

Daytime Phone #

CR2E034 (10/00)



3614

Sales and Use Tax Return NOTICE OF DELINQUENCY

Attachment
L94013
D0054559

DR-105
R. 01/00

OUR RECORDS INDICATE WE HAVE NOT RECEIVED A SALES & USE TAX RETURN FOR 12/00, DUE 01/20/01

- You must file a return even if no sales were made during that collection period.
- You must file a return even if you transmitted your payment by Electronic Funds Transfer (EFT).

IF YOU HAVE NOT FILED FOR THE PERIOD STATED ABOVE, COMPLETE THE RETURN BELOW AND RETURN IT IMMEDIATELY.

SON LUE TRADING CORP
11225 SW 80TH CT
MIAMI FL 33156-4930

Certificate No.: 23-08-364210-78

Collections Period: 12/00

FEIN/SSN: 650211509

RETURNS RECEIVED AFTER 03/03/01 HAVE NOT
BEEN CREDITED TO YOUR ACCOUNT.

If you filed after this date, please disregard this notice.

Please direct any payments and/or inquiries to:
FLORIDA DEPARTMENT OF REVENUE
5050 WEST TENNESSEE STREET
TALLAHASSEE, FL 32399-0128
850-922-7222

If your return was filed on or before this date, please provide us with a photocopy of the front and back of your returned canceled check, processed money order (requested from the issuing company), or the Department of Revenue cash receipt.

If you paid by Electronic Funds Transfer (EFT), or filed by Electronic Data Interchange (EDI), please provide us with your verification code: _____, the amount paid: _____ and a photocopy of the acknowledgment and the front and back of your return or enter your line items on the return below.

If you closed or sold your business prior to the period in question, please complete the "Closing or Sale of Business or Change of Legal Entity" form on the back of this document.

DR-15 Sales and Use Tax Return R. 01/00		20 21 22 23 24 25 26 27 28 29 30 31 HD											
Florida		1. Gross Sales		2. Exempt Sales		3. Taxable Amount		4. Tax Collected					
A. Sales		7596.95		7596.95									
B. Taxable Purchases													
C. Services													
D. Transient Rentals													
E. Food & Beverage Vending													
Transient Rental Rate: .0800		Surtax Rate: .0050		Collection Period		5. Total Amount of Tax Collected							
11225 SW 80TH CT				DEC 2000		6. Less Lawful Deductions (Line 20)							
MIAMI FL 33156-4930						7. Total Tax Due							
Certificate Number		SIC		FEIN/SSN		8. Less Est. Tax Paid/ DOR Memo							
23-08-364210-78		5099		650211509		9. Plus Est. Tax Due Current Month							
						10. Amount Due							
						11. Less Collection Allowance							
						12. Plus Penalty							
						13. Plus Interest							
						14. Amount Due with Return							

Payment is due on the 1st and LATE if postmarked or hand delivered after 15th day of month. Be sure to sign and date the reverse side.

☐ Electronic Funds Transfer:
Check here if payment was transmitted electronically.

Do Not Write in This Space

0078 081200 310301 233642105