

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90129 036 \*\*\*150.00

**DOCUMENT # M40188**

1. Entity Name  
**LEE TIGER & ASSOCIATES, INC.**



Principal Place of Business  
~~12261 SW 251 STREET~~  
~~MIAMI FL 33032~~

Mailing Address  
~~12261 SW 251 STREET~~  
~~MIAMI FL 33032~~



2. Principal Place of Business

**2461 SW 85 TERRACE**  
Suite, Apt. #, etc.

3. Mailing Address

**2461 SW 85 TERRACE**  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**DAVIE**

City & State  
**DAVIE**

4. FEI Number **59-2733433**

Applied For  
Not Applicable

Zip  
**33324**

Country  
**BROWARD**

Zip  
**33324**

Country  
**BROWARD**

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

~~TIGER LEE~~  
~~12261 SW 251 ST~~  
~~MIAMI FL 33032~~

Name  
**LEE TIGER**

Street Address (P.O. Box Number is Not Acceptable)  
**2461 SW 85 TERRACE**

City  
**DAVIE**

FL

Zip Code  
**33324**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TIGER, CATHY ANGELA</b> <b>12261 SOUTHWEST 251 STREET</b> <b>MIAMI FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>TIGER, LEE</b> <del>12261 SOUTHWEST 251 STREET</del> <b>2461 SW 85 TER.</b> <del>MIAMI FL</del> <b>DAVIE FL 33324</b>	<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

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
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
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:**

**SIGNATURE PRESIDENT**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/27/02**

**(954) 370-3900**

CR2E034 (10/02)