

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

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90082 010 ***150.00

DOCUMENT # **P0 0000005247**

1. Entity Name

YUE YEE ENTERPRISES INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4663 LAKEWORTH RD

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

GREENACRES FL

City & State

4. FFL Number

65-0989929

Applied For

Not Applicable

Zip

Country

33463

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **YUE YEE CHAN**

Street Address (P.O. Box Number is Not Acceptable)

4663 LAKEWORTH RD

City

GREENACRES

FL

Zip Code

33463

**DO NOT WRITE
IN THIS SPACE**

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 required on principal name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when remaining)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so ☒
(See criteria on back)

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

NAME	YUE YEE CHAN
STREET ADDRESS	4663 LAKEWORTH RD
CITY, ST, ZIP	GREENACRES FL 33463
NAME	SO SIU CHAN
STREET ADDRESS	4663 LAKEWORTH RD
CITY, ST, ZIP	GREENACRES FL 33463
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
NAME	
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NAME	
STREET ADDRESS	
CITY, ST, ZIP	

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 agreement with an address, with all other like empowered.

SIGNATURE: **X [Signature]**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/02 561-963-1535

CR2E034B (12/01)