

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000056027

1. Entity Name

UNCLE LEE GOURMET BUFFET, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90246 006 ***150.00

Principal Place of Business

9518 S.W. 1ST PLACE
CORAL SPRINGS FL 33071-7382

Mailing Address

9518 S.W. 1ST PLACE
CORAL SPRINGS FL 33071-7382

2. Principal Place of Business

3863 ST. Armens Cir.

Suite, Apt. #, etc.

3. Mailing Address

3863 ST. Armens Cir.

Suite, Apt. #, etc.

City & State

Melbourne, FL.

City & State

Melbourne, FL.

4. FEI Number

65-1084000

Applied For

Not Applicable

Zip

32934

Country

U.S.A.

Zip

32934

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SLATER, JOYCE A ESQ.
4300 N. UNIVERSITY DRIVE
SUITE B-100
LAUDERHILL FL 33351

7. Name and Address of New Registered Agent

Name

ELLEN LEE

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

3863 ST. Armens Cir

City

Melbourne

FL

Zip Code

32934

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

Ellen Lee

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating.)

DATE

4-21-01

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
LEE, CHIOU Y
9518 S.W. 1ST PLACE
CORAL SPRINGS FL 33071-7382 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
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

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

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:

Chiou Y. Lee

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-01

Date

3217527664

Daytime Phone #

CR2E034 (10/00)