

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90362 003 ***150.00

DOCUMENT # P00000056027

1. Entity Name
UNCLE LEE GOURMET BUFFET, INC.

Principal Place of Business

**3863 STARMENS CIRCLE
 MELBOURNE FL 32934**

Mailing Address

**3863 STARMENS CIRCLE
 MELBOURNE FL 32934**

2. Principal Place of Business

2950 JOG Rd.

3. Mailing Address

Suite, Apt. #, etc.

City & State

GREENACRES, FL.

City & State

Zip

33467

Country

USA

Country

4. FEI Number

65-1084000

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

LEE, ELLEN

**3863 STARMENS CIRCLE
 MELBOURNE FL 32934**

7. Name and Address of New Registered Agent

Name

ELLEN LEE

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

2950 JOG Rd.

City

GREENACRES

FL

Zip Code

33467

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, 2002 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 PSD ☐ Delete
NAME LEE, CHIOU Y
STREET ADDRESS 9518 S.W. 1ST PLACE
CITY-ST-ZIP CORAL SPRINGS FL 33071-7382

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSD ☐ Change ☐ Addition
NAME LEE, CHIOU Y.
STREET ADDRESS 3863 Saint ARMENS CIR.
CITY-ST-ZIP MELBOURNE, FL 32934

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-10-02 561 3040 222

CR2E034 (9/01)