

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90128 021 ***150.00

DOCUMENT # P01000096188

1. Entity Name
ANTONY A. LEE, D.M.D., P.A.



Principal Place of Business
**311 NW 87 DRIVE #212
PLANTATION FL 33324**

Mailing Address
**311 NW 87 DRIVE #212
PLANTATION FL 33324**

2. Principal Place of Business
4405 SW 162 CT
Suite, Apt. #, etc.

3. Mailing Address
4405 SW 162nd CT
Suite, Apt. #, etc.

City & State
MIAMI - FL

City & State
MIAMI - FL

Zip Country
33185 USA

Zip Country
33185 USA

4. FEI Number **65-1145725**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**LEE, ANTHONY
311 NW 87TH DR #212
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name **ANTHONY LEE**
Street Address (P.O. Box Number is Not Acceptable)
4405 SW 162nd CT
City **MIAMI** FL Zip Code **33185**

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 **Anthony A. Lee**
Signature, typed or printed name of registered agent and title if applicable.

PRESIDENT

3/25/03
DATE

(NOTE: Registered Agent signature required when reinstating)

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

TITLE **PD** ☐ Delete
NAME **LEE, ANTHONY A**
STREET ADDRESS **311 NW 87 DRIVE #212**
CITY-ST-ZIP **PLANTATION FL 33324**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
NAME **ANTHONY A. LEE**
STREET ADDRESS **4405 SW 162nd CT**
CITY-ST-ZIP **MIAMI - FL - 33185**

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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: **Anthony A. Lee**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/03
Date

(954) 770-7053
Daytime Phone #

CR2E034 (10/02)