

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 09, 2003 8:00 am**  
**Secretary of State**

01-09-2003 90035 001 \*\*\*150.00

**DOCUMENT # P01000103623**

1. Entity Name  
**LESBIA WONG INTERNATIONAL, U.S.A., CORP.**



Principal Place of Business

**6943 NW 113 PL  
MIAMI FL 33178**

Mailing Address

**6943 NW 113 PL  
MIAMI FL 33178**

2. Principal Place of Business

**6500 NW 12 Ave**

Suite, Apt. #, etc.

**Suite 114**

City & State

**Fort Lauderdale, FL**

Zip

**33309**

Country

**USA**

3. Mailing Address

**10826 NW 58 ST**

Suite, Apt. #, etc.

**Miami, FL**

City & State

**Miami, FL**

Zip

**33178**

Country

**USA**



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **01-0553186**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**BARRERA, BENITO  
6943 NW 113 PL  
MIAMI FL 33178**

7. Name and Address of New Registered Agent

Name **Benito Barrera**

Street Address (P.O. Box Number is Not Acceptable)  
**10826 NW 58 ST.**

City

**Miami**

FL

Zip Code

**33178**

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

**1/6/02**

**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 **BARRERA, BENITO**  
STREET ADDRESS **58 STREET 107 AVE UNIT 10826**  
CITY-ST-ZIP **MIAMI FL 33178**

TITLE **D** ☐ Delete  
NAME **WONG, LESBIA**  
STREET ADDRESS **58 STREET 107 AVE UNIT 10826**  
CITY-ST-ZIP **MIAMI FL 33178**

TITLE **D** ☒ Delete  
NAME **WONG, LIFON**  
STREET ADDRESS **6943 NW 113 PL**  
CITY-ST-ZIP **MIAMI FL 33178**

TITLE **D** ☒ Delete  
NAME **REYES, YUSMELIS**  
STREET ADDRESS **58 STREET 107 AVE UNIT 10826**  
CITY-ST-ZIP **MIAMI FL 33178**

TITLE **D** ☒ Delete  
NAME **BARRERA, JOSE**  
STREET ADDRESS **58 STREET 107 AVE UNIT 10826**  
CITY-ST-ZIP **MIAMI FL 33178**

TITLE **D** ☒ Delete  
NAME **BARRERA, EMILIA**  
STREET ADDRESS **58 STREET 107 AVE UNIT 10826**  
CITY-ST-ZIP **MIAMI FL 33178**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 another like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/6/02**

Date

Daytime Phone #

CR2E034 (10/02)