

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91069 027 ***150.00

DOCUMENT # P02000062730

1. Entity Name
YUK LEE, INC.



Principal Place of Business

**11471 W. SAMPLE RD.
SUITE 41
CORAL SPRINGS, FL 33065**

Mailing Address

**2530 N. POWERLINE ROAD
SUITE #401
POMPANO BEACH, FL 33069**

2. Principal Place of Business

**11764 W Sample Rd
Suite, Apt. #, etc.
101**

3. Mailing Address

**11764 W. Sample Rd
Suite, Apt. #, etc.
101**

City & State

Coral Springs FL

City & State

Coral Springs FL

Zip

33065

County

Broward

Zip

33065

County

Broward

04292004

Chg-P

CR2E034 (10/03)

4. FEI Number

74-3047545

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LIU, CLETUS
11471 W. SAMPLE RD.
SUITE 41
CORAL SPRINGS, FL 33065**

7. Name and Address of New Registered Agent

Name

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

11764 W. Sample Rd #101

City

Coral Springs

FL

Zip Code

33065

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **LIU, CLETUS**
CITY-ST-ZIP **11471 W. SAMPLE RD. SUITE 41
CORAL SPRINGS, FL 33065**

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **LAU, BONNIE Y**
CITY-ST-ZIP **11471 W. SAMPLE RD. SUITE 41
CORAL SPRINGS, FL 33065**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **11764 W Sample Rd, # 101**
CITY-ST-ZIP **Coral Springs, FL 33065**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **11764 W Sample Rd, #101**
CITY-ST-ZIP **Coral Springs FL 33065**

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/04