

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 17, 2003 8:00 am**  
**Secretary of State**

01-17-2003 90042 042 \*\*\*150.00

**DOCUMENT # P02000094181**

1. Entity Name  
**CHARLIE AND LEE, INC.**



Principal Place of Business  
**1824 N.W. 105 AVENUE  
PLANTATION FL 33322**

Mailing Address  
**1824 N.W. 105 AVENUE  
PLANTATION FL 33322**



2. Principal Place of Business

**9804 S. Military Trail**

3. Mailing Address

**9804 S. Military Trail**

Suite, Apt. #, etc.

**Suite # E 6**

Suite, Apt. #, etc.

**# E 6**

City & State

**Boynton Beach**

City & State

**Boynton Beach**

Zip

Country

**FL 33436**

Zip

Country

**FL 33436**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

**02-0640905**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**CHANG, HSIAO-KUO  
1824 N.W. 105 AVENUE  
PLANTATION FL 33322**

7. Name and Address of New Registered Agent

Name

**CHANG, HSIAO-KUO**

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

**9804 S. Military Trail, # E 6**

City

**Boynton Beach**

FL

Zip Code

**33436**

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, 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	D	<input type="checkbox"/> Delete
NAME	CHANG, HSIAO-KUO	
STREET ADDRESS	1824 N.W. 105 AVENUE	
CITY-ST-ZIP	PLANTATION FL 33322	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEE, HUI	
STREET ADDRESS	1824 N.W. 105 AVENUE	
CITY-ST-ZIP	PLANTATION FL 33322	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHANG, HSIAO-KUO	
STREET ADDRESS	9804 S. Military Trail, # E 6	
CITY-ST-ZIP	Boynton Beach, FL 33436	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, HUI	
STREET ADDRESS	9804 S. Military Trail, # E 6	
CITY-ST-ZIP	Boynton Beach, FL 33436	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Jan 13-03 (561) 374 8188**

Date

Daytime Phone #

CR2E034 (10/02)