

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 21, 2003 8:00 am
Secretary of State

07-21-2003 90129 045 ***150.00

DOCUMENT # P02000120669

1. Entity Name
JOSEPH K. LEE, DMD, P.A.



Principal Place of Business
2924 DAY AVENUE APT #N116
MIAMI FL 33133

Mailing Address
2924 DAY AVENUE APT #N116
MIAMI FL 33133

2. Principal Place of Business
2951 S. Bayshore Drive

Suite, Apt. #, etc.
#1209

City & State
Miami FL

Zip
33133

Country
United States

3. Mailing Address
2951 S. Bayshore Drive

Suite, Apt. #, etc.
#1209

City & State
Miami FL

Zip
33133

Country
United States



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number
542079815

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEE, JOSEPH K
2924 DAY AVENUE APT #N116
MIAMI FL 33133

7. Name and Address of New Registered Agent

Name **Lee, Joseph K.**
Street Address (P.O. Box Number is Not Acceptable)
2951 S. Bayshore Drive #1209
City **Miami** FL Zip Code **33133**

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 **(Joseph K. Lee / President)**

7/16/03

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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 **PVST** ☐ Delete
NAME **LEE, JOSEPH K**
STREET ADDRESS **2924 DAY AVENUE APT #N116**
CITY-ST-ZIP **MIAMI FL 33133**

TITLE **D** ☐ Delete
NAME **LEE, JOSEPH K**
STREET ADDRESS **2924 DAY AVENUE APT #N116**
CITY-ST-ZIP **MIAMI FL 33133**

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 **PVST** ☒ Change ☐ Addition
NAME **Lee, Joseph K.**
STREET ADDRESS **2951 S. Bayshore Drive #1209**
CITY-ST-ZIP **Miami FL 33133**

TITLE **D** ☒ Change ☐ Addition
NAME **Lee, Joseph K.**
STREET ADDRESS **2951 S. Bayshore Drive #1209**
CITY-ST-ZIP **Miami FL 33133**

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

TITLE ☐ Change ☐ Addition
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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 REQUIRED

7/16/03 305-447-0278

CR2E034 (4/03)