

# 03 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P34136 AMENDED

1. Entity Name

Henry Lee Export Corporation



FILED

03 JUL 21 AM 8:53

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3301 N.W. 125th St.

3. Mailing Address

600 Citadel Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami, FL

City & State

Commerce, CA

4. FEI Number

66-0475958

Applied For

Not Applicable

Zip

33167

Country

DADE

Zip

90040

Country

Los Angeles

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name C T Corporation System

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

1200 S. Pine Island Road

City Plantation

FL

Zip Code  
33324

**DO NOT WRITE  
IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	Pres., CEO - Ross E. Roeder 600 Citadel Drive Commerce, CA 90040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dir., Executive V.P., Robert J. Schofield 600 Citadel Drive Commerce, CA 90040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sr. V.P. & Secretary, Donald G. Alvarado 600 Citadel Drive Commerce, CA 90040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dir. Sr. V.P., Treas., CFO, Richard N. Phegley 600 Citadel Drive Commerce, CA 90040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director, Ronald Belfon 1217 Bjerger Gade, K.Q. St. Thomas, VI 00802
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

TITLE  
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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 on an attachment with an address, with or without like employment.

SIGNATURE:

Donald G. Alvarado

7-18-03

323-869-7699

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

7/22