

03 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 JUL 21 AM 8:53

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DOCUMENT # P34136 AMENDED
1. Entity Name
Henry Lee Export Corporation

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3301 N.W. 125th St.
Suite, Apt. #, etc.

3. Mailing Address
600 Citadel Drive
Suite, Apt. #, etc.

City & State
Miami, FL

City & State
Commerce, CA

Zip
33167

Country
DADE

Zip
90040

Country
Los Angeles

4. FEI Number **66-0475958**

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

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**

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 _____ (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	800021703658 07/21/03--01047--003 **122.50
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	
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	DO NOT WRITE IN THIS SPACE
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	
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 NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 on an attachment with an address, with or without like employment.

SIGNATURE: Donald G. Alvarado Date: **7-18-03** Daytime Phone #: **323-869-7699**

CR2E034B (12/02)

7/22