

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 07, 2001 8:00 am
Secretary of State**

02-07-2001 90188 044 ***150.00

DOCUMENT # P930000798511. Entity Name
ROSA/LEE FOOD SERVICE CO.

Principal Place of Business

**1900 TAMiami TRAIL
TR 116-A
PORT CHARLOTTE FL 33948
US**

Mailing Address

**1900 TAMiami TRAIL
TR 116-A
PORT CHARLOTTE FL 33948
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0455471**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEE, BEONG NAM
18431 LAMONT AVE
PORT CHARLOTTE FL 33948**Name **LEE BEONG NAM**

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

17414 CLOVER AVE**PORT CHARLOTTE**

City

FL

Zip Code

33948

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.

SIGNATURE **Beongnam Lee**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2.05.01

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **LEE, BEONG NAM**
STREET ADDRESS **18431 LAMONT AVE**
CITY-ST-ZIP **PORT CHARLOTTE FL 33948**TITLE **P** ☒ Change ☐ Addition
NAME **LEE BEONG NAM**
STREET ADDRESS **17414 CLOVER AVE**
CITY-ST-ZIP **PORT CHARLOTTE FL 33948**TITLE **S** ☐ Delete
NAME **LEE, JOUNG SOOK**
STREET ADDRESS **18431 LAMONT AVE**
CITY-ST-ZIP **PORT CHARLOTTE FL 33948**TITLE **S** ☒ Change ☐ Addition
NAME **LEE JOUNG SOOK**
STREET ADDRESS **17414 CLOVER AVE**
CITY-ST-ZIP **PORT CHARLOTTE FL 33948**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Beongnam Lee**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.05.01

Date

Daytime Phone #

CR2E034 (10/00)