

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000067962

1. Entity Name
L'PATRICIA OF USA, INC.

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90040 045 ***150.00

Principal Place of Business

4 W. FLAGLER ST.
MIAMI FL 33130
US

Mailing Address

4 W. FLAGLER ST.
MIAMI FL 33130
US

2. Principal Place of Business

12801 W. SUNRISE BLVD

3. Mailing Address

12801 W. SUNRISE BLVD

Suite, Apt. #, etc.

447

Suite, Apt. #, etc.

447

City & State

SUNRISE FL

City & State

SUNRISE FL

Zip

33323

Country

Zip

Country

4. FEI Number 65-0701958

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEE, SANG M
1465 N.E. 163 ST
N. MIAMI BEACH FL 33162

7. Name and Address of New Registered Agent

Name

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

12801 W. SUNRISE BLVD, SUITE 447

City

SUNRISE

FL

Zip Code
33323

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 x *Sang Myoung LEE*

(NOTE: Registered Agent signature required when reinstating)

DATE

x 01/24/01

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

TITLE	P	<input type="checkbox"/> Delete
NAME	LEE, SANG M	
STREET ADDRESS	1465 N.E. 163 ST	
CITY-ST-ZIP	N. MIAMI BEACH FL 33162	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	12801 W. SUNRISE BLVD, SUITE 447
CITY-ST-ZIP	SUNRISE FL 33323
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	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: x *Sang Myoung LEE*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x 01/24/01

Date

x 954 9610001

Daytime Phone #

CR2E034 (10/00)