

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P99000046889**

1. Entity Name

**LEE'S SPORTS INC.****FILED**  
**Feb 01, 2000 8:00 am**  
**Secretary of State**

02-01-2000 90142 014 \*\*\*150.00

Principal Place of Business

Mailing Address

**309 WEST RIVERBEND DRIVE**  
**FORT LAUDERDALE FL 33326-2223****309 WEST RIVERBEND DRIVE**  
**FORT LAUDERDALE FL 33326-2223****906556**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**3015 N.W. 79 St.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Miami, FL 33142**

City &amp; State

City &amp; State

4. FEI Number

**65-0921537**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOBAN, CHIE K**  
**7355 NW 41 STREET**  
**MIAMI FL 33166**

Name

**Suk Ja Lee**

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

**209 W. Riverbend Dr.**

City

**Ft. Lauderdale****FL**

Zip Code

**33326**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Suk Ja Lee, Pres. 1/15/2000**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, 2000 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<b>PSTD</b>			<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<b>LEE, SUK JA OH</b>			<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<b>309 WEST RIVERBEND DRIVE</b>			<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<b>FORT LAUDERDALE FL 33326</b>			<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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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 an other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Suk Ja Lee, Pres. (954)349-8576 1/15/00**

Date

Daytime Phone #