

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000101002

1. Entity Name
SUPERTEL, INC.

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90372 013 ***550.00

Principal Place of Business
**5327 WEST COLONIAL DRIVE
ORLANDO FL 32808**

Mailing Address
**5327 WEST COLONIAL DRIVE
ORLANDO FL 32808**

550838

2. Principal Place of Business
**501 N. ORLANDO AVE
Suite, Apt. #, etc.
SUITE 141**

3. Mailing Address
SAME
Suite, Apt. #, etc.

City & State
WINTER PARK, FL

City & State

4. FEI Number **59-3607581**

Applied For
Not Applicable

Zip
32789

Country
ORANGE

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

**LEE, SOOK H
5327 WEST COLONIAL DRIVE
ORLANDO FL 32808**

Name **SOOK H. LEE**

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

7717 APPLE TREE CIR

City **ORLANDO**

FL

Zip Code **32819**

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

SOOK H. LEE President

5-8-01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **LEE, SOOK H**
STREET ADDRESS **1832 BAILLIE GLASS LN**
CITY-ST-ZIP **ORLANDO FL 32811**

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **LEE, SOOK H.**
STREET ADDRESS **7717 APPLE TREE CIR**
CITY-ST-ZIP **ORLANDO, FL 32819**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TREASURER** ☐ Change ☒ Addition
NAME **JAKE LEE**
STREET ADDRESS **7717 APPLE TREE CIR**
CITY-ST-ZIP **ORLANDO, FL 32819**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SOOK H. LEE

Date

Daytime Phone #

5-8-01 (407) 629-8444

CR2E034 (10/00)