

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V15291

1. Entity Name

LEE GALLERY, INC.

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90094 029 ***150.00

Principal Place of Business

C/O MIAMI INTER DESIGN CENTRE
SUITE 105, 4100 NE 2ND AVENUE
MIAMI FL 33137

Mailing Address

C/O MIAMI INTER DESIGN CENTRE
SUITE 105, 4100 NE 2ND AVENUE
MIAMI FL 33137

2. Principal Place of Business

4100 NE 2ND AVENUE

Suite, Apt. #, etc.

SUITE # 106

City & State

MIAMI FL

Zip

33137

Country

USA

3. Mailing Address

4100 NE 2ND AVENUE

Suite, Apt. #, etc.

SUITE # 218

City & State

MIAMI FL

Zip

33137

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0315947

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEE, SYLVIA
MIAMI INTER DESIGN CENTRE
SUITE 105, 4100 NE 2ND AVENUE
MIAMI FL 33137

7. Name and Address of New Registered Agent

Name LEE, SYLVIA

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

4100 NE 2ND AVENUE

SUITE # 218

City MIAMI

FL

Zip Code 33137

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

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 D ☐ Delete
NAME LEE, CHIEN
STREET ADDRESS 4100 NE 2ND AVE., #105
CITY-ST-ZIP MIAMI FL

TITLE D ☐ Delete
NAME LEE, SYLVIA
STREET ADDRESS 4100 NE 2ND AVE., #105
CITY-ST-ZIP MIAMI FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME of address
STREET ADDRESS 4100 NE 2ND AVE., #218
CITY-ST-ZIP MIAMI, FL 33137

TITLE ☒ Change ☐ Addition
NAME of address
STREET ADDRESS 4100 NE 2ND AVE., #218
CITY-ST-ZIP MIAMI, FL 33137

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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

SYLVIA LEE

Date

Daytime Phone #

4/16/2001

(305) 573-1668

CR2E034 (10/00)

0166529