

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 31, 2002 8:00 am
Secretary of State

07-31-2002 90103 015 ****61.25

DOCUMENT # N99000004711

1. Entity Name

Chinese Traditional Medicine Institute, INC

DO NOT WRITE IN THIS SPACE

80132935

2. Principal Place of Business
922A LUCERNE TERRACE

3. Mailing Address
922A LUCERNE TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
ORLANDO

City & State
ORLANDO

4. FEI Number
593600241

Applied For
Not Applicable

Zip
FL 32806

Country
ORANGE

Zip
FL 32806

Country
ORANGE

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
LEE, PETER

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

926 BEACH BREEZE DRIVE

City
ORLANDO

FL

Zip Code
32835

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

Shen Wu

Director

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
WU, SHEN (Director)
6679 BOUGANVILLE CRESENT DR
ORLANDO, FL 32809

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
LEE, PETER (DIRECTOR)
926 BEACH BREEZE DRIVE
ORLANDO, FL 32835

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
KOU, EVA (Director)
5431 26TH AVE SOUTH
SEATTLE, WA 98108

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MAI, SALINA (Director)
62-62 CLYDE STREET

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

12. 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Shen Wu

Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(407) 894-7259

CR2E037B (12/01)