

# 2001 UNIFORM BUSINESS REPORT (UBR)

1/2

**FILED**  
**Feb 22, 2001 8:00 am**  
**Secretary of State**

01-26-2001 90117 021 \*\*\*150.00

**DOCUMENT # H83329**

1. Entity Name

ACUPUNCTURE OF THE FAR EAST, INC. ✓

Principal Place of Business

HOBE GRANT PLAZA  
 10975 SE FEDERAL HWY.  
 HOBE SOUND FL 33455

Mailing Address

HOBE GRANT PLAZA  
 10975 SE FEDERAL HWY.  
 HOBE SOUND FL 33455

2. Principal Place of Business

HOBE GRANT PLAZA  
 Suite, Apt. #, etc.

10975 SE FEDERAL HWY

City & State

HOBE SOUND, FL

Zip

33455

3. Mailing Address

HOBE GRANT PLAZA  
 Suite, Apt. #, etc.

10975 SE FEDERAL HWY

City & State

HOBE SOUND, FL

Zip

33455



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2599984

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHI, PAN JAU  
 529 GREENWAY DRIVE  
 N. PALM BEACH FL 33408

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

*Pan Jan Chi, President (PSD)*

1-4-2001

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. ☐

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 PSD  
 NAME CHI, PAN JAU, CA  
 STREET ADDRESS 529 GREENWAY DR.  
 CITY-ST-ZIP N. PALM BEACH FL

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
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 CITY-ST-ZIP

TITLE  
 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:

*Pan Jan Chi*

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-2001 561-842-2900

Date

Daytime Phone #

CR2E034 (10/00)