

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90127 041 ***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**

20065000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

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

Change of Address →

Name **PAN-JAU-CHI, AP**

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

502 GRAND BANKS ROAD

City **P.B. GARDENS FL**

Zip Code **33410**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/4/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **PSD** ☒ Change ☐ Addition
NAME **CHI, PAN JAU AP.**
STREET ADDRESS **502 GRAND BANKS ROAD**
CITY-ST-ZIP **P.B. GARDENS FL 33410**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-9-03

561-8422900

CR2E034 (10/02)