

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J95820

1. Entity Name

CHINESE HEALTH CULTURE CENTER, INC.

FILED

Apr 25, 2001 8:00 am
Secretary of State

03-01-2001 90060 022 ***150.00

Principal Place of Business

C/O AIDAN CHIU
360 N.E. 167TH STREET
NORTH MIAMI BEACH FL 33162

Mailing Address

C/O AIDAN CHIU
360 N.E. 167TH STREET
NORTH MIAMI BEACH FL 33162

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 65-0025846

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

CHIU, AIDAN
360 N.E. 167TH STREET
NORTH MIAMI BEACH FL 33162

Name

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

City

Zip Code

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 registering)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

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 ☐ Delete

NAME
CHIU, AIDAN
STREET ADDRESS
8320 N.W. 191 LANE
CITY - ST - ZIP
MIAMI FL

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY - ST - ZIP

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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

DATE

Exchange Fee