

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004711

1. Entity Name

CHINESE TRADITIONAL MEDICINE INSTITUTE, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90169 049 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
922A LUCERNE TERRACE ORLANDO FL 32806	922A LUCERNE TERRACE ORLANDO FL 32806-1013

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
LEE, PETER 926 BEACH BREEZE DRIVE ORLANDO FL 32835

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL 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 reinstating) DATE _____

FILE NOW:
FEE IS \$61.25

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	D <input checked="" type="checkbox"/> Delete
NAME	WU, SHEN
STREET ADDRESS	1715 MINTO COURT
CITY-ST-ZIP	ORLANDO FL 32837
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	LEE, PETER
STREET ADDRESS	926 BEACH BREEZE DRIVE
CITY-ST-ZIP	ORLANDO FL 32835
TITLE	D <input type="checkbox"/> Delete
NAME	KOU, EVA
STREET ADDRESS	5431 26TH AVENUE SOUTH
CITY-ST-ZIP	SEATTLE WA 98108
TITLE	D <input type="checkbox"/> Delete
NAME	MAI, SALINA
STREET ADDRESS	67-62 CLYDE STREET
CITY-ST-ZIP	FOREST HILLS NY 11375
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	MAO, EIZA
STREET ADDRESS	6104 RALEIGH STREET, APT #1609
CITY-ST-ZIP	ORLANDO FL 32385
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WU, SHEN
STREET ADDRESS	922A LUCERNE TERRACE
CITY-ST-ZIP	ORLANDO FL 32806
TITLE	VP/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETER LEE
STREET ADDRESS	926 BEACH BREEZE DR.
CITY-ST-ZIP	ORLANDO FL 32835
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	D/S <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAO ELIZA
STREET ADDRESS	1017 S. Hiawassa Rd Apt #3712
CITY-ST-ZIP	Orlando FL 32835
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 617, 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: Peter Lee 4/24/2000 9044272360
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)