2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State
01-30-2001 90029 014 ****61.25

DOCUMENT # N99000004711

1. Entity Name

CHINESE TRADITIONAL MEDICINE INSTITUTE, INC.

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

DO NOT WRITE IN THIS SPACE

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 59-3600241 ☐ 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
LEE, PETER 926 BEACH BREEZE DRIVE ORLANDO FL 32835	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 $81.25

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

Check or Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WU, SHEN 1715 MINTO COURT ORLANDO FL 32837	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WU, SHEN 6679 Bouganvilla Crescent Dr. Orlando, Fl. 32809	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEE, PETER 926 BEACH BREEZE DRIVE ORLANDO FL 32835	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KOU, EVA 5431 26TH AVENUE SOUTH SEATTLE WA 98108	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MAI, SALINA 67-62 CLYDE STREET FOREST HILLS NY 11375	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MAO, EIZA 6104 RALEIGH STREET, APT #1609 ORLANDO FL 32385	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MAO, ELIZA 6466 Cherry Grove Circle ~~Orlando, Fl. 32809~~	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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: SIGNATURE REQ PETER LEE 1/15/01 407-628-1790
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Attachment
43535
H N99000004711

Look for green background on the front of this check, and the imageSafe® logo on back. If not present, do not cash.

CHINESE TRADITIONAL MED. INSTITUTE
PH. 407-246-1199
6679 BOUGANVILLA CRESCENT DR.
ORLANDO, FL 32809

10-00

1001

63-4/630 FL
455

DATE January 17, 2001

PAY TO THE ORDER OF Department of State $ 61 25/xx

Sixty One and 25 Cents DOLLARS

Bank of America.

ACH R/T 063000047

FOR Filing fee for A of CTMI

Glen Will

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QUARRON + SAFETY