2001 UNIFORM BUSINESS REPORT (UBR)

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

DOCUMENT # N99000004711

Entity Name

CHINESE TRADITIONAL MEDICINE INSTITUTE, INC.

Principal Place of Business
922A LUCERNE TERRACE
ORLANDO FL 32806

Mailing Address
922A LUCERNE TERRACE
ORLANDO FL 32806

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business — Suite, Apt. #, etc. — City & State — Zip — Country

3. Mailing Address — Suite, Apt. #, etc. — City & State — 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

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 $81.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
D	WU, SHEN	6679 Bouganvilla Crescent Dr.	Orlando, Fl. 32809	☒	☐
				☐	☐
				☐	☐
				☐	☐
D	MAO, ELIZA	6466 Cherry Grove Circle	Orlando, Fl. 32809	☒	☐
				☐	☐

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 10-00 1001

PH. 407-246-1199
6679 BOUGANVILLA CRESCENT DR.
ORLANDO, FL 32809

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 Wll

⑈001001⑈ ⑆063000047⑆ 0034453767 10⑈

©Deluxe Business Inc. 1/1

GUARDIAN & SAFETY