NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2002 8:00 am
Secretary of State
07-31-2002 90103 015 ****61.25

DOCUMENT # N99000004711

1. Entity Name

Chinese Traditional Medicine Institute, INC ✓

B0132935

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
922A LUCERNE TERRACE	922A LUCERNE TERRACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORLANDO	City & State: ORLANDO
Zip: FL 32806 Country: ORANGE	Zip: FL 32806 Country: ORANGE

DO NOT WRITE IN THIS SPACE

4. FEI Number: 593600241 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: LEE, PETER

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

926 BEACH BREEZE DRIVE

City: ORLANDO FL Zip Code: 32835

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: Shen Wu Director
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

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	-WU, SHEN-(- Director) 6679 BOUGANVILLA CRESENT DR ORLANDO. FU 32809
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	LEE, PETER (DIRECTOR) 926 BEACH BREEZE DRIVE ORLANDO. FU 32835
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	KOU, EVA (Director) 5431 26TH AVE SOUTH SEATTLE, WA 98108
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MAI, SALINA (Director) 62-62 CLYDE STREET
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CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Shen Wu Director (407)894-7259
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #