

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 06, 2001 8:00 am
Secretary of State

05-14-2001 90269 024 ***150.00

DOCUMENT # P00000046406

1. Entity Name

AMERICAN ASIAN MEDICINE, INC.

Principal Place of Business

Mailing Address

450 NORTHEAST 20TH STREET
 SUITE 111
 BOCA RATON FL 33431

450 NORTHEAST 20TH STREET
 SUITE 111
 BOCA RATON FL 33431

2. Principal Place of Business

3. Mailing Address

2621 N Fed Hwy #E
 Suite, Apt. #, etc.
 #E

2621 N Fed Hwy
 Suite, Apt. #, etc.
 #E

City & State
 Boca Raton, FL

City & State
 Boca Raton, FL

Zip
 33431

Country
 U.S.

Zip
 33431

Country
 U.S.

4. FEI Number

65-100 6173

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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	LOVE, GEORGE	
STREET ADDRESS	450 NORTHEAST 20TH STREET	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	V	<input type="checkbox"/> Delete
NAME	JAFARI, ANAHITTA	
STREET ADDRESS	450 NORTHEAST 20TH STREET	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	S	<input type="checkbox"/> Delete
NAME	JAFARI, PAREESA	
STREET ADDRESS	450 NORTHEAST 20TH STREET	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOVE, KAREN	
STREET ADDRESS	450 NORTHEAST 20TH STREET	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Love George	
STREET ADDRESS	2621 N Fed Hwy #E	
CITY-ST-ZIP	Boca Raton, FL 33431	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jafari Anahitta	
STREET ADDRESS	2351 N Fed Hwy #6	
CITY-ST-ZIP	Boca Raton, FL 33431	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jafari Pareesa	
STREET ADDRESS	2351 N Fed Hwy #6	
CITY-ST-ZIP	Boca Raton, FL 33431	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Love, Karen	
STREET ADDRESS	2621 N Fed Hwy #E	
CITY-ST-ZIP	Boca Raton, FL 33431	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Anahitta Jafari **Anahitta Jafari** 4-30-01 561-342-0753
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)