

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000103362

1. Entity Name

DOWNTOWN ORIENTAL MEDICINE GROUP, INC.

Principal Place of Business

2762 SOUTHWEST 3RD STREET
MIAMI FL 33135

Mailing Address

POST OFFICE BOX 441246
MIAMI FL 33144

2. Principal Place of Business

19 WEST FLAGLER ST.

3. Mailing Address

Suite, Apt. #, etc.

604

Suite, Apt. #, etc.

City & State

MIAMI, FL.

City & State

Zip

33130

Country

MIAMI-DADE

Zip

Country

4. FEI Number

65-1052447

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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

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 PD
NAME MANDUCA-MARQUEZ, VIVIAN M
STREET ADDRESS 2762 SOUTHWEST 3RD STREET
CITY-ST-ZIP MIAMI FL 33135

Delete

TITLE STD
NAME MARQUEZ, JOSE
STREET ADDRESS 2762 SOUTHWEST 3RD STREET
CITY-ST-ZIP MIAMI FL 33135

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME MANDUCA - MARQUEZ, VIVIAN
STREET ADDRESS 19 WEST FLAGLER ST. SUITE 604
CITY-ST-ZIP MIAMI, FL. 33130

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
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CITY-ST-ZIP

Change Addition

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Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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:

Jose Marquez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-2001

Date

(305) 375-0105

Daytime Phone #

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90006 035 ***150.00

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DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)