

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 11, 2003 8:00 am
Secretary of State

06-11-2003 90063 019 ***550.00

DOCUMENT # P00000103362

1. Entity Name
DOWNTOWN ORIENTAL MEDICINE GROUP, INC.



Principal Place of Business
19 WEST FLAGLER ST
604
MIAMI FL 33130

Mailing Address
POST OFFICE BOX 441246
MIAMI FL 33144



2. Principal Place of Business
19 WEST FLAGLER ST

3. Mailing Address
SAME

Suite, Apt. #, etc.
906

Suite, Apt. #, etc.

City & State
MIAMI, FL.

City & State

4. FEI Number 65-1052447

Applied For

Not Applicable

Zip
33130

Country
USA

Zip

Country

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

☐ **CHECK HERE IF MAKING CHANGES**

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 **MARQUEZ, JOSE**
Street Address (P.O. Box Number is Not Acceptable)
19 WEST FLAGLER ST. SUITE 906
MIAMI, FL.
City **FL** **Zip Code** **33130**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Jose Marquez, Vice-President**

5-31-03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ **Delete**
NAME **MANDUCA-MARQUEZ, VIVIAN**
STREET ADDRESS **2762 SOUTHWEST 3RD STREET**
CITY-ST-ZIP **MIAMI FL 33135**

TITLE **PD** ☒ **Change** ☐ **Addition**
NAME **MANDUCA-MARQUEZ, VIVIAN**
STREET ADDRESS **19 WEST FLAGLER ST. SUITE 906**
CITY-ST-ZIP **MIAMI, FL. 33130**

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

TITLE **STD** ☒ **Change** ☐ **Addition**
NAME **MARQUEZ, JOSE**
STREET ADDRESS **19 WEST FLAGLER ST.**
CITY-ST-ZIP **MIAMI, FL. 33130**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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NAME
STREET ADDRESS
CITY-ST-ZIP

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 607, 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: **SIN JOSE MARQUEZ (JOSE MARQUEZ)**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-31-03 (305) 375-0105

Date

Daytime Phone #

CR2E034 (10/02)