

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000107873

1. Entity Name

EQUISOL ORIENTAL MEDICINE CO.

FILED

May 02, 2001 8:00 am  
Secretary of State

05-02-2001 90224 034 \*\*\*150.00

Principal Place of Business

Mailing Address

448 NORTHWEST 44TH TERRACE  
UNIT 202  
DEERFIELD BEACH FL 33442

448 NORTHWEST 44TH TERRACE  
UNIT 202  
DEERFIELD BEACH FL 33442

2. Principal Place of Business

300 PALMWOOD PL.

3. Mailing Address

P.O. Box 880292

Suite, Apt. #, etc.

SUITE 204

Suite, Apt. #, etc.

City & State

BOCA RATON, FL.

City & State

BOCA RATON, FL

4. FEI Number

65-1056374

Applied For

Not Applicable

Zip

33431

Country

PALM BEACH

Zip

33488

Country

PALM BEACH

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 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTD  
WEISS, DAVID C  
448 NORTHWEST 44TH TERRACE  
DEERFIELD BEACH FL 33442 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SVD  
WEISS, J  
448 NORTHWEST 44TH TERRACE  
DEERFIELD BEACH FL 33442 ☐ Delete

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

TITLE  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID C. WEISS

Date

03/01/01

Daytime Phone #

561-716-4433

CR2E034 (10/00)