

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90478 028 ***150.00

DOCUMENT # P02000065730

1. Entity Name
FULL MOON ACUPUNCTURE, INC.



Principal Place of Business
8181 W. BROWARD BLVD #350
PLANTATION FL 33324

Mailing Address
8181 W. BROWARD BLVD #350
PLANTATION FL 33324

2. Principal Place of Business
12515 ORANGE DRIVE #815
Suite, Apt. #, etc.

3. Mailing Address
12515 ORANGE DR
Suite, Apt. #, etc.
#815

City & State
DAVIE, FL
Zip
33330
Country
BROWARD

City & State
DAVIE FL 3
Zip
33330
Country
BROWARD

4. FEI Number
04-3684307

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SAMI, SAM
8181 W. BROWARD BLVD #350
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name
VILLAMARIN, ALICIA
Street Address (P.O. Box Number is Not Acceptable)
12515 ORANGE DRIVE #815
12515
City
DAVIE
FL **Zip Code**
33330

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

(NOTE: Registered Agent signature required when reinstating)

1/07/03

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 NAME STREET ADDRESS CITY-ST-ZIP	D VILLAMARIN, ALICIA 12515 ORANGE DRIVE, #815 DAVIE FL 33330	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* VILLAMARIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)