

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 27, 2003 8:00 am**  
**Secretary of State**

6/1

06-16-2003 90149 039 \*\*\*550.00

**DOCUMENT # P02000123765**

1. Entity Name  
**ORIENTAL HEALTH SPA, INC.**



Principal Place of Business  
**5548 66TH ST N  
ST PETERSBURG FL 33709**

Mailing Address  
**PO BOX 260502  
TAMPA FL 33685**

**55050049**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**32-0045257**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PARK, HYUN JUNG  
6415 LOIS ST #112  
TAMPA FL 33616**

7. Name and Address of New Registered Agent

Name **JOHN V. TORTORELLO**  
Street Address (P.O. Box Number is Not Acceptable)

**4822 BONITA VISTA DR**

City **TAMPA**

FL

Zip Code **33634**

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

*John V. Tortorello*

(NOTE: Registered Agent signature required when reinstating)

**4/13/03**

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  
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **LEE, JAMES**  
STREET ADDRESS **4011 S MANHATTAN AVE #217**  
CITY-ST-ZIP **TAMPA FL 33611**

TITLE **D** ☒ Delete  
NAME **PARK, HYUN JUNG**  
STREET ADDRESS **6415 LOIS ST #112**  
CITY-ST-ZIP **TAMPA FL 33616**

TITLE **V** ☐ Delete  
NAME **TORTORELLO, JOHN V.**  
STREET ADDRESS **4822 BONITA VISTA DR**  
CITY-ST-ZIP **TAMPA FL 33634**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition  
NAME **Lee, James**  
STREET ADDRESS **4011 S. MANHATTAN AVE. #217**  
CITY-ST-ZIP **TAMPA, FL 33611**

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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:

*John V. Tortorello*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/13/03**

Date

**813-816-6992**

Daytime Phone #

CR2E034 (10/02)