

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90033 037 ***150.00

0506031
AT

DOCUMENT # P94000020759

1. Entity Name
APPLIED TRADITIONAL CHINESE HEALTHCARE, INC.

Principal Place of Business

**33 SE 7TH ST
 STE H
 BOCA RATON FL 33432**

Mailing Address

**33 SE 7TH ST
 STE H
 BOCA RATON FL 33432**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

P.O. BOX 880615

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

Zip **33488**

Country

U.S.A

3. Mailing Address

P.O. BOX 880615

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

Zip **33488**

Country

U.S.A

4. FEI Number

65-0486748

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**HIDAY, NEDRA
 33 SE 7TH ST
 STE H
 BOCA RATON FL 33432**

7. Name and Address of New Registered Agent

Name
HIDAY, NEDRA

Street Address (P.O. Box Number is Not Acceptable)

23055 Post Gardens Way #113

City **BOCA RATON,**

FL

Zip Code

33433

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

NEDRA HIDAY, PRESIDENT

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

(NOTE: Registered Agent signature required when reinstating)

03/22/02

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, 2002 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** ☐ Delete
 NAME **HIDAY, NEDRA**
 STREET ADDRESS **33 SE 7TH ST**
 CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

NEDRA HIDAY, PRESIDENT **03/22/02** **395-5304**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (9/01)