

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 21, 2000 8:00 am**
Secretary of State

02-21-2000 90031 007 ***150.00

DOCUMENT # P94000051222

1. Entity Name

HAN TANG SCHOOL OF ACUPUNCTURE AND ORIENTAL MEDICINE

Principal Place of Business

Mailing Address

**3149 NORTH COURTENAY PKWY
MERRITT ISLAND FL 32953****3149 NORTH COURTENAY PKWY
MERRITT ISLAND FL 32953-8309
US****714994**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3284158

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**HAI SHA, NI
3149 NORTH COURTENAY PKWY
MERRITT ISLAND FL 32953**

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, 2000 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	<input type="checkbox"/> Delete
P	HAI-SHA NI	3149 N. COURTENAY PKWY	MERRITT ISLAND FL 32953	<input type="checkbox"/>
S	LEE, CHUAN CHI	1155 AUDUBON RD	MERRITT ISLAND FL 32953	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	Vice President	Lee, Chuan Chi	1155 Audubon Rd.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Secretary	Caroline Richards	1366 S. Banana River Dr.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		Merritt Island, FL 32952		<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: HAI-SHA NI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**2/11/2000**
Date**321-454-9259**
Daytime Phone #

CR2E034 (9/99)