2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9400051222

Country

3149 NORTH COURTENAY PKWY MERRITT ISLAND FL 32953

9. This corporation is eligible to satisfy its Intangible

3149 N. COURTENAY PKWY

MERRITT ISLAND FL 32953

MERRITT ISLAND FL 32953

1366 S BANANA RIVER DR

MERRITT ISLAND FL 32952

Tax filing requirement and elects to do so.

HAI-SHA NI

LEE, CHUAN CHI

1155 AUDUBON RD

RICHARDS, CAROLINE

6. Name and Address of Current Registered Agent

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

OFFICERS AND DIRECTORS

Zip

SIGNATURE

11.

TITLE

NAME

TITLE

NAME

TITLE

NAME

JULE

NAME

TITLE

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

HAI SHA, NI

(See criteria on back)

HAN TANG SCHOOL OF ACUPUNCTURE AND ORIENTAL MEDI

Principal Place of Business Mailing Address 3149 NORTH COURTENAY PKWY 3149 NORTH COURTENEY PKWY MERRITT ISLAND FL 32953 MERRITT ISLAND FL 32953 HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State

Zip

Country

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

TITLE

NAME STREET ADDRESS

TITLE

NAME

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

CITY-ST-7IP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIF

CITY-ST-ZIP

CITY-ST-ZIP

Delete

☐ Delete

☐ Delete

☐ Delete

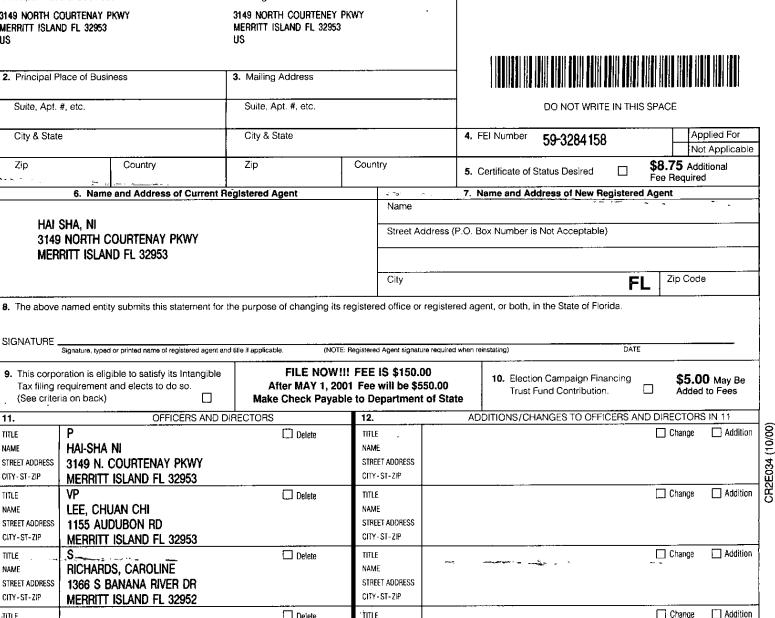
☐ Delete

Delete

City

FILED Mar 22, 2001 8:00 am Secretary of State

03-22-2001 90020 011 ***150.00



NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

3/20/01

321-454-9259

☐ Change

Change

☐ Addition

☐ Addition