

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Mar 13, 2003 8:00 am**  
**Secretary of State**

03-13-2003 90049 025 \*\*\*150.00

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AV

**DOCUMENT # P95000018741**

1. Entity Name  
**WHITE CRANE HEALING ARTS CENTER, INC.**



Principal Place of Business  
**1234 N UNIVERSITY DR  
PLANTATION FL 33332  
US**

Mailing Address  
**1234 N UNIVERSITY DR  
PLANTATION FL 33332  
US**



2. Principal Place of Business  
**7071 W. Commercial Blvd.  
Suite, Apt. #, etc. 2-C  
City & State Tamarac, FLORIDA  
Zip 33319 Country U.S.A.**

3. Mailing Address  
**7071 W. Commercial Blvd.  
Suite, Apt. #, etc. Suite 2-C  
City & State Tamarac, FLORIDA  
Zip 33319 Country U.S.A.**

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0560277** Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent  
**IBORRA, FRANK  
11470 NW 38 PL  
SUNRISE FL 33323-1104**

7. Name and Address of New Registered Agent  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD IBORRA, FRANK 11470 NW 38 PL SUNRISE FL 3323-104</b> <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	<b>VD IBORRA, MARION 11470 NW 38 PL SUNRISE FL 33323-1104</b> <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: **Marion IBORRA** **REQUIRED** *March 11, 2003* 954/721-7252  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)