

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 05, 2000 8:00 am**  
**Secretary of State**

06-05-2000 90049 017 \*\*\*158.75

**00060884**

DO NOT WRITE IN THIS SPACE

DOCUMENT # **P960000514249**  
1. Entity Name  
**FENG SHUI INTERNATIONAL**

Principal Place of Business  
**1201 MICHIGAN AVE.  
PALM HARBOR, FL  
34683**

Mailing Address  
**P.O. Box 1138  
CRYSTAL BEACH, FL  
34681**

2. Principal Place of Business  
**1201 MICHIGAN AVE**  
Suite, Apt. #, etc.  
**FL**

3. Mailing Address  
**P.O. Box 1138**  
Suite, Apt. #, etc.  
**FL**

City & State  
**PALM HARBOR, FL**

City & State  
**CRYSTAL BEACH FL**

Zip  
**34683**

Country  
**USA**

Zip  
**34681**

Country  
**USA**

4. FEI Number  
**59-3397741**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**MARGUARITE GREENSPAN  
1201 MICHIGAN AVE  
PALM HARBOR, FL 34683**

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.

SIGNATURE **Marguarite Greenspan** **ERROR NOT** **THERE ARE NO CHANGES**  
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 <b>MARGUARITE GREENSPAN</b> <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>1201 MICHIGAN AVE</b> <b>ERROR</b>		NAME	
STREET ADDRESS <b>PALM HARBOR, FL 34683</b> <b>TX</b>		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <b>PRESIDENT</b> <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>MARGUARITE GREENSPAN</b>		NAME	
STREET ADDRESS <b>1201 MICHIGAN AVE</b>		STREET ADDRESS	
CITY-ST-ZIP <b>PALM HARBOR, FL 34683</b>		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: **Marguarite Greenspan** **727-** **May 25, 2000** **643-3111**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)