

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000093292

1. Entity Name

ASIAN CENTURY HERBAL HEALTH, INC.

Principal Place of Business

11133 NW 2ND CT
CORAL SPRINGS FL 33071

Mailing Address

11133 NW 2ND CT
CORAL SPRINGS FL 33071-8111

2. Principal Place of Business

152 N.E. 167th Street,

3. Mailing Address

same

Suite, Apt. #, etc.

Suite 211

Suite, Apt. #, etc.

City & State

N. Miami Beach, FL

City & State

Zip
33162

Country Dade
Broward

Zip

Country

4. FEI Number

65-0842894

Applied For

Not Applicable

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

CHANG, ANTHONY M
11133 NW 2ND CT
CORAL SPRINGS FL 33071

Name
Chang, Anthony M.

Street Address (P.O. Box Number is Not Acceptable)
152 N.E. 167th Street

Suite 211

City N. Miami Beach

FL

Zip Code
33162

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

Anthony M. Chang

1/15/00

(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
DPS
CHANG, ANTHONY
11133 NW 2ND CT
CORAL SPRING FL 33071
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director, Secretary
Chang, Anthony
11133 N.W. 2nd Court, Coral Springs, FL 33071
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President, Director
Robert Schwaner
6 N. 402 Hub Road
Wayne, Ill. 60184-1225
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President, Director
Rpbert Schwaner
6 N. 402 Hub Road
Wayne, Ill. 60184-1225
☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Delete

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

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: Robert Schwaner, President 1/17/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90789 035 ***150.00