

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 91340 031 ***150.00

DOCUMENT # **P97000024401**

1. Entity Name

BEAUTIFUL JADE, INC. dba (BEAUTIFUL JADE) ORIENTAL MEDICINE ✓

Principal Place of Business

Mailing Address

1200 W. GLADES RD. → SAME
SUITE 608
BOCA RATON, FL 33431

00001000

2. Principal Place of Business

3. Mailing Address

301 CRAWFORD BLVD. → SAME
SUITE 206

DO NOT WRITE IN THIS SPACE

City & State **BOCA RATON, FL** City & State **FL** 4. FEI Number **69-0754555** Applied For ☐ Not Applicable ☒

Zip **33432** Country **USA** Zip **33432** Country **USA** 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

DAVID E. GOLDMAN
SUITE 100
20700 WEST DIXIE HIGHWAY
NORTH MIAMI BEACH, FL. 33180

Name **FL** Street Address (P.O. Box Number is Not Acceptable) **FL** City **FL** Zip Code **FL**

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, 2001 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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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: **EILEEN LARKIN** *Eileen Larkin* 2/22/01 561-342-2084
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)