

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000053117

1. Entity Name

SUNDANCE ACUPUNCTURE, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90086 033 ***150.00

Principal Place of Business

2064 N UNIVERSITY DR
PEMBROKE PINES FL 33024

Mailing Address

100 S E 2ND STREET STE 1950
MIAMI FL 33131

2. Principal Place of Business

288 N. Main St.

Suite, Apt. #, etc.

3. Mailing Address

113 Federal Hill Rd.

Suite, Apt. #, etc.

40 Jonathan D'Alessio

City & State

Spring Valley, NY

City & State

Pompton Lakes, NJ

Zip

10977

Country

Rockland

Zip

07442

Country

USA

4. FEI Number

65-0784707

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

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

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

(NOTE: Registered Agent's 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
DP
D'ALESSIO, JONATHAN D
100 S E 2ND STREET STE 1950
MIAMI FL 33131 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President
D'Alessio, Sherr
113 Federal Hill Rd.
Pompton Lakes, NJ 07442 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President
D'Alessio, Sherr
113 Federal Hill Rd.
Pompton Lakes, NJ 07442 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (10/00)