

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 29, 2000 8:00 am**  
**Secretary of State**

02-29-2000 90183 025 \*\*\*150.00

**DOCUMENT # P97000084885**

1. Entity Name

**ACUPUNCTURE & ORIENTAL MASSAGE CLINIC, INC.**

Principal Place of Business

Mailing Address

FOGARTY AVE  
KEY WEST FL 330402211 FOGARTY AVE  
KEY WEST FL 33040-3807

2. Principal Place of Business

3. Mailing Address

1901 FOGARTY AVE  
Suite, Apt. #, etc.9565 SW 123<sup>dr.</sup>  
Suite, Apt. #, etc.

City &amp; State

Key West FL  
Zip 33040 Country USA

City &amp; State

Miami  
Zip 33186 Country USA

4. FEI Number

65-0785895

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

BONTOUX, REGIS  
2211 FOGARTY AVE  
KEY WEST FL 33040

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 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	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	PS	BONTOUX, REGIS	2211 FOGARTY AVE.							
		2211 FOGARTY AVE.	KEY WEST FL 33040							
	T	COOK, DEBORAH	2211 FOGARTY AVE							
		2211 FOGARTY AVE	KEY WEST FL 33040							

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 #

CR2E034 (9/99)