DOCUMENT # P97000084885 FILED 1. Entity Name ACUPUNCTURE & ORIENTAL MASAGE CLINIC, INC. 01 SEP 27 PM 1:58 Principal Place of Business Mailing Address SEUNCEARY OF STATE 9565 SW 123 CT. 1901 EOGARTY AVE. TAELAHASSEE, FLORIDA MIAMI, FL 33186 KEY WEST, FL 33040 2. Principal Place of Business 3. Mailing Address 2121 PONCE DE LEON BLVD 9565 SW 123 CT. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 240 City & State City & State 4. FEI Number Applied For MIAMI, FL 65-0785895 Not Applicable CORAL GABLES, FL Zip Country Country \$8.75 Additional 5. Certificate of Status Desired X 33134 33186 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PRATS, GABRIEL Street Address (P.O. Box Number is Not Acceptable) 2121 PONCE DE LEON BLVD., STE. 240 CORAL, GABLES, FL 33134 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PS TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME BONTOUX, REGIS 400004619874--STREET ADDRESS STREET ADDRESS 9565 SW 123 CT. -10/02/01--01020--023 CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33186 ****158.75 ****158.75 TITLE ☐ Delete TITLE Change NAME COOK, DEBORAH STREET ADDRESS STREET ADDRESS 9565 SW 123 CT. CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33186 ☐ Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME

Ithereby certify that the information supplied with this filling 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 truster 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 like empowered.

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

NAME

TITLE

NAME

SIGNATURE:

STREET ADDRESS

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CITY-ST-ZIP

NAME

CITY-ST-ZIP

TITLE

ME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

☐ Change

☐ Change

☐ Addition

Addition



ACUPUNCTURE & ORIENTAL MASSAGE CLINIC, INC. 2121 Ponce de Leon Blvd #240 Coral Gables, FL 33134

August 17, 2001

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

To whom it may concern:

Our Accountants have checked the records at the Division of Corporations and found that the 2001 Uniform Business Report (U.B.R.) for our company has not been filed.

According to our records we didn't receive the 2001 U.B.R. form. Enclosed is a completed 2001 U.B.R. and a check for \$158.75. We hereby request an abatement of the \$400.00 filling late penalty.

If you have any questions, please call our accountants Prats Fernandez & Co. at Tel: (305) 444-8333.

Sincerely,

ACUPUNCTURE & ORIENTAL MASSAGE CLINIC, INC.