

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 31, 2001 8:00 am
Secretary of State

08-31-2001 90003 003 ***150.00

DOCUMENT # P97000088938

1. Entity Name

ORIENTAL HOLISTIC OPTIONS, INC.

Principal Place of Business

**77 W UNDERWOOD ST
 SUITE 100
 ORLANDO FL 32806**

Mailing Address

**4630 S KIRKMAN ROAD
 #187
 ORLANDO FL 32811-2802**

00004348



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3471955

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**POLITE, KAMAL
 77 W UNDERWOOD ST
 SUITE 100
 ORLANDO FL 32806**

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 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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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

TITLE **D** ☐ Delete
 NAME **POLITE, KAMAL**
 STREET ADDRESS **77 W UNDERWOOD ST, STE 100**
 CITY-ST-ZIP **ORLANDO FL 32806**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ 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:

REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/25/01

Date

407-251-0882

Daytime Phone #

CR2E034 (5/01)

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B0002948

ORIENTAL HOLISTIC OPTIONS, INC.

Kamal Polite, A.P.

August 27, 2001

To whom it may concern:

My name is Kamal Polite and I am the president of Oriental Holistic Options, Inc. this is in regards to the uniform business report for 2001. We did not receive the initial report to file on time. Therefore, we were instructed by one of the state employees (Carol) to send the Uniform Business Report with the enclosed 150 dollar fee. If there is any further questions in regards to this filing please contact me at my office with the information listed below.

Sincerely,


Kamal Polite, A.P.

4630 S. Kirkman Road #187 / Orlando, FL 32811-2802

Ph. # 407-251-0882