

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2000 08:00 AM
Secretary of State****DOCUMENT # P98000023554****1. Entity Name**
ASIAN HEALTH TRADITIONS, INC.

Principal Place of Business 3212 NE 32ND ST. GAH OCEAN VILLAGE FT. LAUDERDALE 33306	Mailing Address 3212 NE 32ND ST. GAH OCEAN VILLAGE FT. LAUDERDALE 33306
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2. Principal Place of Business 3212 NE 32ND ST.	3. Mailing Address 3212 NE 32ND ST.
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Suite, Apt. #, etc. GALT OCEAN VILLAGE	Suite, Apt. #, etc. GALT OCEAN VILLAGE
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City & State FT. LAUDERDALE FL	City & State FT. LAUDERDALE FL
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Zip 33306	Country	Zip 33306	Country
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4. FEI Number 65-0825865	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

YOUNG WALTER
2617 NE 27 WAY

FT. LAUDERDALE FL
33306

7. Name and Address of New Registered Agent

Name
MITCHELL SUSAN MSEC
Street Address (P.O. Box Number is Not Acceptable)
3212 NE 32ND ST

City
FT. LAUDERDALE **FL** **Zip Code**
33306

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 SUSAN MITCHELL**

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

(NOTE: Registered Agent signature required when reinstating)

05/01/2000

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MITCHELL SUSAN A 10891 ANGEL WING DR. TAMARAC FL 33321	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	P YOUNG WALTER 2617 NE 27 WAY FT. LAUDERDALE FL 33306	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input 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 SUSAN MITCHELL**SEC 05/01/2000**