

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 23, 2000 8:00 am
Secretary of State

02-23-2000 90011 033 ***150.00

DOCUMENT # S19068

1. Entity Name
FIVE ELEMENT ACUPUNCTURE CLINIC, INC.

Principal Place of Business 1170-A E. HALLANDALE BEACH BLVD. HALLANDALE FL 33009	Mailing Address 1170-A E. HALLANDALE BEACH BLVD. HALLANDALE FL 33009-4432
--	---

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
-----	---------	-----	---------

4. FEI Number **65-0230782** 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

CHASE, ALAN
9400 SOUTH DADELAND BLVD #600
MIAMI FL 33156

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REZNEL, DORIT	NAME	Black, Emily
STREET ADDRESS	1170-A E. HALLANDALE BEACH BLVD.	STREET ADDRESS	540 NE 5th Ave
CITY-ST-ZIP	HALLANDALE FL 33009	CITY-ST-ZIP	Gainesville, FL 32601
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIGLER, CAROL	NAME	Cowan, Kevin
STREET ADDRESS	81 GOULD ST	STREET ADDRESS	201 S. Biscayne Blvd.
CITY-ST-ZIP	EAST HAMPTON NY 11937	CITY-ST-ZIP	Miami, FL 33131
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVIS, BARBARA	NAME	Gerard, Merry
STREET ADDRESS	14 CLAYTON ST-	STREET ADDRESS	1505 Commonwealth Ave, 4th Floor
CITY-ST-ZIP	ASHEVILLE NC	CITY-ST-ZIP	Brighton, MA 01235
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUERDEN, THOMAS	NAME	Whittemore, Scott
STREET ADDRESS	5 DEVEN PLACE	STREET ADDRESS	P.O. Box 331
CITY-ST-ZIP	SOUTH HAMPTON NY	CITY-ST-ZIP	Peewee Valley, KY 40056
TITLE	<input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Dolowich, Gary MD
STREET ADDRESS		STREET ADDRESS	8065 Aptos Street
CITY-ST-ZIP		CITY-ST-ZIP	Aptos, CA 95003
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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

1/31/00

Date

(954) 456-6336

Daytime Phone #

CR2E034 (9/99)