

# 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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>65-0230782</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
<b>CHASE, ALAN</b> <b>9400 SOUTH DADELAND BLVD #600</b> <b>MIAMI FL 33156</b>				Name							
				Street Address (P.O. Box Number is Not Acceptable)							
				City				<b>FL</b>		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. <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	<b>D</b>	<input type="checkbox"/> Delete		TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>REZNEL, DORIT</b>			NAME	<b>Black, Emily</b>		
STREET ADDRESS	<b>1170-A E. HALLANDALE BEACH BLVD.</b>			STREET ADDRESS	<b>540 NE 5th Ave</b>		
CITY-ST-ZIP	<b>HALLANDALE FL 33009</b>			CITY-ST-ZIP	<b>Gainesville, FL 32601</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE	<b>D</b>	<input type="checkbox"/> Delete		TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>SIGLER, CAROL</b>			NAME	<b>Cowan, Kevin</b>		
STREET ADDRESS	<b>81 GOULD ST</b>			STREET ADDRESS	<b>201 S. Biscayne Blvd.</b>		
CITY-ST-ZIP	<b>EAST HAMPTON NY 11937</b>			CITY-ST-ZIP	<b>Miami, FL 33131</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE	<b>D</b>	<input type="checkbox"/> Delete		TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>DAVIS, BARBARA</b>			NAME	<b>Gerard, Merry</b>		
STREET ADDRESS	<b>14 CLAYTON ST-</b>			STREET ADDRESS	<b>1505 Commonwealth Ave, 4th Floor</b>		
CITY-ST-ZIP	<b>ASHEVILLE NC</b>			CITY-ST-ZIP	<b>Brighton, MA 01235</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete		TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>DUERDEN, THOMAS</b>			NAME	<b>Whittemore, Scott</b>		
STREET ADDRESS	<b>5 DEVEN PLACE</b>			STREET ADDRESS	<b>P.O. Box 331</b>		
CITY-ST-ZIP	<b>SOUTH HAMPTON NY</b>			CITY-ST-ZIP	<b>Peewee Valley, KY 40056</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE	<b>D</b>	<input type="checkbox"/> Delete		TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				NAME	<b>Dolowich, Gary MD</b>		
STREET ADDRESS				STREET ADDRESS	<b>8065 Aptos Street</b>		
CITY-ST-ZIP				CITY-ST-ZIP	<b>Aptos, CA 95003</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: \_\_\_\_\_ DATE: **1/31/00** DAYTIME PHONE #: **(954) 456-6336**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)