

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2001 8:00 am**  
**Secretary of State**

03-12-2001 90430 027 \*\*\*150.00

0087887

**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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

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

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

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 \$150.00**  
**After MAY 1, 2001 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	<input type="checkbox"/> Delete
D	REZNEK, DORIT	1170-A E. HALLANDALE BEACH BLVD.	HALLANDALE FL 33009	<input type="checkbox"/>
D	SIGLER, CAROL	81 GOULD ST	EAST HAMPTON NY 11937	<input type="checkbox"/>
D	DAVIS, BARBARA	14 CLAYTON ST	ASHEVILLE NC	<input type="checkbox"/>
D	WHITTEMORE, SCOTT	PO BOX 332	PEWEE VALLEY KY 40056	<input type="checkbox"/>
D	BLACK, EMILY	540 NE 5TH AVE	GAINESVILLE FL 32601	<input type="checkbox"/>
D	COWAN, KEVIN	201 S BISCAYNE BLVD	MIAMI FL 33131	<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
D	Dolowich, Gary	8065 Aptos St.	Aptos, CA 95003	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Gerard, Merry	1505 Commonwealth Ave 4th Floor	Brighton, MA 02135	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Klein, Andy	390 Winding Creek-PO Box 2091	Olympic Valley, CA 96146	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Whittemore, Scott	120 Sears Ave Ste 132	Louisville, KY 40207	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

**Dorit Reznik**

**3/8/01**

**(954)456-6336**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)