

2001 UNIFORM BUSINESS REPORT (UBR)

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

0087887

DOCUMENT # S19068

1. Entity Name

FIVE ELEMENT ACUPUNCTURE CLINIC, INC.

03-12-2001 90430 027 ***150.00

Principal Place of Business

Mailing Address

1170-A E. HALLANDALE BEACH BLVD.
 HALLANDALE FL 33009

1170-A E. HALLANDALE BEACH BLVD.
 HALLANDALE FL 33009

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

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

DO NOT WRITE IN THIS SPACE



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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	REZNEK, DORIT	
STREET ADDRESS	1170-A E. HALLANDALE BEACH BLVD.	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	D	<input type="checkbox"/> Delete
NAME	SIGLER, CAROL	
STREET ADDRESS	81 GOULD ST	
CITY-ST-ZIP	EAST HAMPTON NY 11937	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, BARBARA	
STREET ADDRESS	14 CLAYTON ST	
CITY-ST-ZIP	ASHEVILLE NC	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHITEMORE, SCOTT	
STREET ADDRESS	PO BOX 332	
CITY-ST-ZIP	PEWEE VALLEY KY 40056	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLACK, EMILY	
STREET ADDRESS	540 NE 5TH AVE	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE	D	<input type="checkbox"/> Delete
NAME	COWAN, KEVIN	
STREET ADDRESS	201 S BISCAYNE BLVD	
CITY-ST-ZIP	MIAMI FL 33131	

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

Dorit Reznek
 Dorit Reznek

3/8/01

(954)456-6336

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)