2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S60101

1. Entity Name

CHINA ACUPUNCTURE & MEDICAL ARTS CENTER, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State
04-30-2001 90040 046 ***150.00

752411

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
180 SOUTH KNOWLES AVENUE SUITE #4 WINTER PARK FL 32789	180 SOUTH KNOWLES AVENUE SUITE #4 WINTER PARK FL 32789

2. Principal Place of Business — Suite, Apt. #, etc — City & State — Zip — Country

3. Mailing Address — Suite, Apt. #, etc. — City & State — Zip — Country

4. FEI Number 59-3073282 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TSAI, HELEN TONG-SHEH YU
SUITE 4
180 SOUTH KNOWLES AVENUE
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City — 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	DV	☐ Delete
NAME	TSAI, HUI-MIN	
STREET ADDRESS	300 ADAIR AVE	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	DP	☐ Delete
NAME	TSAI, HELEN TONG-SHEH YU	
STREET ADDRESS	300 ADAIR AVE	
CITY-ST-ZIP	LONGWOOD FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (10/00)

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date 4/23/01 — Daytime Phone #