

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 13, 2000 8:00 am
Secretary of State

06-13-2000 90009 011 ***550.00

DOCUMENT # M47630

1. Entity Name

DR. NEIL M. MEYEROWITZ D.C. P.A.

Principal Place of Business

Mailing Address

2500 N UNIVERSITY DR
 SUITE 2
 SUNRISE FL 33322

2500 N UNIVERSITY DR
 SUITE 2
 SUNRISE FL 33322-3003

2. Principal Place of Business

7515 W. Oakland Pk. Blvd.

3. Mailing Address

7515 W. Oakland Pk. Blvd.

Suite, Apt. #, etc.

101

Suite, Apt. #, etc.

101

City & State

Lauderhill FL

City & State

Lauderhill FL



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2772239

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MEYEROWITZ, NEIL M., DR., D.C.P.A.
2500 N UNIVERSITY DRIVE
SUITE 2
SUNRISE FL 33322

7. Name and Address of New Registered Agent

Name **Dr. Neil M. Meyerowitz D.C.P.A.**
 Street Address (P.O. Box Number is Not Acceptable) **7515 W. Oakland Pk. Blvd.**
Suite 101
 City **Lauderhill** **FL** **33309**

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, 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	MEYEROWITZ, NEIL M., DR.	2500 N UNIVERSITY DR #2	SUNRISE-FL	<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

SEE BOOKS DATE CHANGE

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<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:

Dr. Neil M. Meyerowitz D.C.P.A.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/07/00 (904) 746-2728

Date

Daytime Phone #

CR2E034 (9/99)