

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 04, 2003 8:00 am
Secretary of State

08-04-2003 90140 033 ***150.00

DOCUMENT # P01000007849

1. Entity Name

CARLA'S FAMILY CHIROPRACTIC CENTER INC.



Principal Place of Business

**6447 MIAMI LAKES DR.
STE. 206
MIAMI LAKES FL 33014**

Mailing Address

**P.O. BOX 924295
HOMESTEAD FL 33092**

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 **65-1068962**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CATALAN, CARLA B
6447 MIAMI LAKES DR.
STE. 206
MIAMI LAKES FL 33014**

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. I am familiar with, and accept the obligations of registered agent.

not change, keep to same

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CATALAN, CARLA B 6447 MIAMI LAKES DR., STE. 206 MIAMI LAKES FL 33014	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-11-03 (305) 512-4079

Date

Daytime Phone #

CR2E034 (4/03)

Attachment

90148718

P01000007849

FROM: CARLA'S FAMILY CHIROPRACTIC CENTER, INC.
6447 MIAMI LAKES DRIVE, SUITE 206
MIAMI LAKES, FL 33014
(305) 512 -4079

TO: DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILLINGS
P.O. BOX 1500
TALLAHASSEE, FL 32302

DATE: 07/14/2003

- I received the Uniform Business Report (UBR) for the first time last week by mail. I call the help desk phone number and told the gentleman that **I never received the first notice to pay** that was for \$ 150.00 instead of the now notice of \$ 550.00. He said that it was common for the government mailings of the UBR to arrive late or be sent to the wrong address, therefore, **he said to type a letter explaining that I never received this notice this year before last week and to send a \$ 150.00 check with the letter.** Thank You.

Sincerely,



CARLA B CATALAN
OWNER