

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000051015

1. Entity Name

PLANTATION CHIROPRACTIC CENTER, INC.

FILED
May 05, 2004 8:00 A.M.
Secretary of State

Principal Place of Business

Mailing Address

1417 S UNIVERSITY DR
PLANTATION FL 33324

1417 S UNIVERSITY DR
PLANTATION FL 33324-4017

2. Principal Place of Business

3. Mailing Address

1417 S University dr.
Suite, Apt. #, etc.

1417 S University dr.
Suite, Apt. #, etc.

City & State

City & State

PLANTATION, FLA

Plantation Fla.

Zip

Country

Zip

Country

33324

U.S.A

33324

U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0680095

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PENJEVIC, RADOMIR
1417 S UNIVERSITY DR
PLANTATION FL 33324

Name

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

City

FL

Zip Code

8. The above named party 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
D
PENJEVIC, RADOMIR
4971 SW 94TH AVE
COOPER CITY FL 33328 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
800036193118
05/12/04-01033-015 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

Radomir Penjevic

04-15-05

MW