

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000021159

1. Entity Name

PERDECK CHIROPRACTIC ENTERPRISES, INC.

**FILED**  
**Feb 15, 2000 8:00 am**  
**Secretary of State**

02-15-2000 90027 046 \*\*\*150.00

Principal Place of Business

209 NE 95 ST  
SUITE 6  
MIAMI SHORES FL 33138

Mailing Address

200 SE FIRST STREET  
STE 500  
MIAMI FL 33131-1906

2. Principal Place of Business

3. Mailing Address

209 NE 95 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 6

City & State

City & State  
Miami Shores, FL

4. FEI Number

65-0820651

Applied For

Not Applicable

Zip

Country

Zip

Country

33138

Miami-Dade

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

SAMUELS, LEONARD K  
100 NE THIRD AVE  
STE 400  
FT LAUDERDALE FL 33301

Name

Steven Silverman

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

9400 S. Dadeland Boulevard

Suite 600

City  
Miami

FL

Zip Code

33156-2823

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 fee applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-8-00

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 **D** ☒ Delete  
NAME **PERDECK, LEE-DC**  
STREET ADDRESS **200 SE FIRST ST, STE 500**  
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **D** ☐ Change ☒ Addition  
NAME **Sanon, Henry DC**  
STREET ADDRESS **209 NE 95 St., Suite 6**  
CITY-ST-ZIP **Miami Shores, FL 33138**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

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TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/8/00

CR2E034 (9/99)