

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000071724**

1. Entity Name
MARLIN DIAGNOSTICS & CHIROPRACTIC SERVICES, INC.

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90047 049 ***150.00

0157098 AV

Principal Place of Business
**11200 PINES BLVD
STE 101
PEMBROKE PINES FL 33026
US**

Mailing Address
**11200 PINES BLVD
STE 101
PEMBROKE PINES FL 33026
US**



2. Principal Place of Business
1878 N.W. 74 Ave

3. Mailing Address
1878 N.W. 74 Ave

Suite, Apt. #, etc.
Pemb

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Pembroke Pines, FL

City & State
Pembroke Pines, FL

4. FEI Number
65-0933636

Applied For
Not Applicable

Zip
33024

Country
US

Zip
33024

Country
US

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

6. Name and Address of Current Registered Agent

**MARLIN, CLAUDIA
11200 PINES BLVD
#101
PEMBROKE PINES FL 33026**

7. Name and Address of New Registered Agent

Name
CLAUDIA MARLIN
Street Address (P.O. Box Number is Not Acceptable)
1878 NW 74 Ave
City
Pembroke Pines FL 33024

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

3/25/02
DATE

(NOTE: Registered Agent signature required when reinstating)

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	P LIN MARTIN, CLAUDIA 11200 PINES BLVD #101 PEMBROKE PINES FL 33026	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VALENTE, JOHN 7224 NEPTUNE BASIN COURT BOCA RATON FL 33434	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLAUDIA MARLIN 1878 N.W. 74 Ave Pembroke Pines, FL 33024	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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: *Claudia Marlin*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/02

954-274-2752

Date

Daytime Phone #

CR2E034 (9/01) 15-53