

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G58554

1. Entity Name

CHIROPRACTIC BACK PAIN CLINIC INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90162 039 ***150.00

Principal Place of Business

2601 DOUGLAS ROAD
STE 802
MIAMI FL 33133

Mailing Address

2601 DOUGLAS ROAD
STE 802
MIAMI FL 33133-2725

2. Principal Place of Business

2645 Douglas Road

3. Mailing Address

2645 Douglas Road

Suite, Apt. #, etc.

Ste # 704

Suite, Apt. #, etc.

Ste # 704

City & State

Miami, FL

City & State

Miami, FL

Zip

33133

Country

USA

Zip

33133

Country

USA

4. FEI Number

59-2324477

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

FERNANDEZ, OCTAVIO P D.C.

2601 DOUGLAS ROAD
STE 802
MIAMI FL 33133

2645 Douglas Road
Ste # 704
Miami, FL 33133

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.

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
PSD
FERNANDEZ, OCTAVIO P D.C.
2601 DOUGLAS ROAD, STE 802
MIAMI FL 33133 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
FERNANDEZ, OCTAVIO P, D.C. ☒ Change ☐ Addition
2645 Douglas Road, Ste # 704
Miami, FL 33133

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/1/00 (305) 774-1119