

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # J63034**

1. Entity Name

BROWARD CHIROPRACTIC CENTER, INC.**FILED****Jan 26, 2000 8:00 am**
Secretary of State

01-26-2000 90036 037 ***150.00

Principal Place of Business

Mailing Address

**3194 W. COMMERCIAL BLVD.
FT. LAUDERDALE FL 33309****C/O NICK JOVANOVIH ---
100 N.E. 3RD AVE. #409 ---
FT. LAUDERDALE FL 33301-1155**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2792421**

Applied For

Not Applied

Zip

Country

Zip

Country

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

**JOVANOVIH, NICK
100 N.E. 3RD AVENUE
SUITE 409
FORT LAUDERDALE FL 33301**

Name

Street Address (P.O. Box Number is Not Acceptable)
350 E. LAS OLAS BOULEVARD, #1000City **FORT LAUDERDALE****FL**Zip Code
33301

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)

1/6/00

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 ☐ Delete
NAME **DPST**
STREET ADDRESS **DRUCKER, RONALD P.**
CITY-ST-ZIP **3194 W. COMMERCIAL BLVD.
FT. LAUDERDALE FL 33309**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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CITY-ST-ZIPTITLE ☐ 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

1/08/00 (954) 486-
1923
Date Daytime Phone #