

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J63034

1. Entity Name

BROWARD CHIROPRACTIC CENTER, INC.

FILED

Feb 12, 2001 8:00 am
Secretary of State

02-12-2001 90223 040 ***150.00

Principal Place of Business

3194 W. COMMERCIAL BLVD.
FT. LAUDERDALE FL 33309

Mailing Address

C/O NICK JOVANOVIH
100 N.E. 3RD AVE. #400
FT. LAUDERDALE FL 33301

2. Principal Place of Business

3. Mailing Address

3194 W. COMMERCIAL BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
FORT LAUDERDALE, FL

4. FEI Number 59-2792421

Applied For

Not Applicable

Zip

Country

Zip
33309

Country
USA

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
350 E. LAS OLAS BLVD
#10000
FORT LAUDERDALE FL 33301

Name

Street Address (P.O. Box Number is Not Acceptable)
350 E. LAS OLAS BLVD.

#1000

City
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

NICK JOVANOVIH

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, 2001 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
DPST
DRUCKER, RONALD P.
3194 W. COMMERCIAL BLVD.
FT. LAUDERDALE FL 33309 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RONALD P. DRUCKER, PRES.

Date

Daytime Phone #

954-486-1923

CR2E034 (10/00)