

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L32337

1. Entity Name

AMERICA'S CHIROPRACTIC CENTERS, INC.

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

09-18-2000 90019 003 ***150.00

Principal Place of Business

8994 TAFT ST.
PEMBROKE PINES FL 33024

Mailing Address

8994 TAFT ST.
PEMBROKE PINES FL 33024

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0165429

Applied For

Not Applicable

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

SATINOFF, CRAIG M.
8994 TAFT ST.
PEMBROKE PINES FL 33024

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	D	SATINOFF, CRAIG M.	8994 TAFT ST.	PEMBROKE PINES FL						

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 #

CR2E034 (5/00)

DR. CRAIG M. SATINOFF
CHIROPRACTIC PHYSICIAN
8994 Taft Street • Pembroke Pines, FL 33024
954/436-7607

Sept 11, 2000
Attachment
132337

AC078861

RE: File Date Division of Corporations

Please be advised that this is our first notification of Corp. fee due. As per my conversation with Megan on Sept. 13, we have enclosed the 150.⁰⁰ fee with this letter explaining circumstance. Thank you for your attention and consideration in this matter.

CK# 4831 150.⁰⁰ enclosed
Sent via Mail 9/13/2000.

C M Satinoff DC PREP
CRAIG M. SATINOFF DC PREP
FOR AMERICA'S CHIROPRACTIC CENTERS, INC.