

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91500 042 ***150.00

DOCUMENT # L32745

1. Entity Name
SOUTH ANDREWS CHIROPRACTIC CENTER, P.A.

Principal Place of Business

**19 SW 16TH ST
 FT LAUDERDALE FL 33315
 US**

Mailing Address

**19 SW 16TH ST
 FT LAUDERDALE FL 33315
 US**

2. Principal Place of Business

1525 So. Andrews Ave

Suite, Apt. #, etc.

Suite 13

City & State

FT LAUDERDALE, FL

Zip

33316

Country

USA

3. Mailing Address

1525 So. Andrews Ave.

Suite, Apt. #, etc.

Suite 13

City & State

FT. LAUDERDALE, FL

Zip

33316

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0187928

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MANN, ROBERT J.

19 SW 16 ST.

FT LAUDERDALE FL 33316

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1525 SOUTH ANDREWS AVE

Suite 13

City

FT LAUDERDALE,

FL

Zip Code

33316

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, 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 **VSD** ☐ Delete
 NAME **MANN, ROBERT**
 STREET ADDRESS **19 SW 16TH ST**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33315**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **1525 SOUTH ANDREWS AVE, #13**
 CITY-ST-ZIP **FT. LAUDERDALE, FL 33316**

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

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

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 NAME
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 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: **Robert J. Mann**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PRESIDENT**

Date

Daytime Phone #

CR2E034 (9/01)