

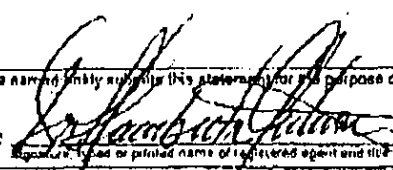
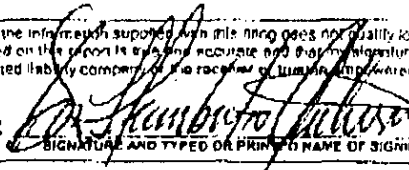
2000 UNIFORM BUSINESS REPORT (UBR)

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

60100431

DOCUMENT # 134503			
1. Entity Name GUTIERREZ CHIROPRACTIC CENTERS, INC			
Principal Place of Business 1800 W. 68TH STREET SUITE 118 HIALEAH, FL 33014		Mailing Address 1800 W. 68TH STREET SUITE 118 HIALEAH, FL 33014	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0159918		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
		Name HUMBERTO GUTIERREZ	
		Street Address (P.O. Box Number is Not Applicable) 1800 W. 68TH STREET	
		SUITE 118	
		City HIALEAH FL Zip Code 33014	
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 		5-01-2000	
Signature, typed or printed name of registered agent and title, if applicable		(NOTE: Registered Agent signature required when reinstating) DATE	
9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	HUMBERTO GUTIERREZ ☐ Delete 1800 W. 68TH STREET STE 118 HIALEAH, FL 33014	10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	300003383743 ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	09/12/00 - 01041 ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	***1950.00 ***1950.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	REINSTATEMENT 92-00 ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		
11. I hereby certify that the information supplied on this filing does not qualify for the exemption claimed in Section 119.07(3)(c), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company; and that I am authorized to execute this report as required by Chapter 800, Florida Statutes.			
SIGNATURE: 		5-1-2000	
Signature, typed or printed name of signing managing member or manager		Date Daytime Phone #	