2000 UNIFORM BUSINESS REPORT (UBR)

FILED
00 SEP -5 PM 1:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00100431

DOCUMENT # L34503

1. Entity Name
GUTIERREZ CHIROPRACTIC CENTERS, INC

Principal Place of Business	Mailing Address
1800 W. 68TH STREET SUITE 118 HIALEAH, FL 33014	1800 W. 68TH STREET SUITE 118 HIALEAH, FL 33014

2. Principal Place of Business
Suite, Apt #, etc
City & State
Zip
Country

3. Mailing Address
Suite, Apt #, etc.
City & State
Zip
Country

DO NOT WRITE IN THIS SPACE

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 Acceptable): 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 [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	P	☐ Delete
NAME	HUMBERTO GUTIERREZ	
STREET ADDRESS	1800 W. 68TH STREET STE 118	
CITY - ST - ZIP	HIALEAH, FL 33014	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
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CITY - ST - ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS	300003385743--7	
CITY - ST - ZIP	09/12/00--01041--019	
TITLE	***1950.00 ***1950.00	☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS	REINSTATEMENT 92-00	
CITY - ST - ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TS

PREVIOUS (11/99)

11. 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 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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] 5-1-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #