

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L90244

1. Entity Name

JOSE A. PELAYO NETWORK, INC.

**FILED**  
**Jul 20, 2000 8:00 am**  
**Secretary of State**

07-20-2000 90012 034 \*\*\*158.75

Principal Place of Business

1350 SW 57TH AVENUE  
SUITE #318  
MIAMI FL 33144  
US

Mailing Address

P.O. BOX 440187  
MIAMI FL 33144-0187  
US

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

65-0207481

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

COFINO, PEDRO A. ESQ.  
407 LINCOLN ROAD, SUITE 2B  
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name Benjamin Metsch  
Street Address (P.O. Box Number is Not Acceptable) 1455 NW 14th Street  
City Miami FL Zip Code 33125

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, 2000 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	D	<input type="checkbox"/> Delete
NAME	PELAYO, JOSE A.	
STREET ADDRESS	1350 SW 57TH AVENUE, STE #318	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	CANTILLO, JULIAN	
STREET ADDRESS	1350 SW 57TH AVENUE, STE #318	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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.

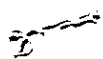
SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Julian Cantillo 4/30/00 345  
235-8750



# NATIONAL CHIROPRACTIC NETWORK

"ENHANCING WELLNESS INTO THE NEXT CENTURY"

Attachment  
D# L902466  
A072937

July 1<sup>st</sup>, 2000

Please note that we in fact  
sent you a check but for some  
unknown reason it has not been  
cashed.

Enclosed you shall find a replacement  
check in the amount of  
\$158<sup>75</sup>.

Please process accordingly.

Thanks.

J.C.I

Julian Cantillo, President