

2000 UNIFORM BUSINESS REPORT (UBR)

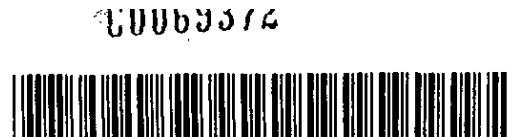
FILED
Apr 22, 2000 8:00 am
Secretary of State
 04-22-2000 90102 033 ***150.00

DOCUMENT # M26714

1. Entity Name
NORTH BROWARD CHIROPRACTIC ASSOCIATES, INC.

Principal Place of Business C/O LEONARD COHN 3766 N.E. 3 AVE. POMPANO BEACH FL 33064	Mailing Address 3462 N. UNIVERSITY DR. SUNRISE FL 33351-6722
--	---

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2630503		Applied For
		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BILELLO, VINCENT 12040 NW 62ND CT CORAL SPRINGS FL 33076	7. Name and Address of New Registered Agent Name VINCENT A. Bilello Street Address (P.O. Box Number is Not Acceptable) 3766 NE 3rd Ave Pompano FL 33064 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 *V. A. Bilello* (VINCENT A. Bilello pres) 4-7-00
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) <input type="checkbox"/>	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. <input type="checkbox"/> \$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	TITLE	NAME	STREET ADDRESS CITY-ST-ZIP
	VD BILELLO, VINCENT	3766 N.E. 3 AVE. POMPANO BEACH 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: *V. A. Bilello* 4-7-00 857-746-8600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)