

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # M33351

1. Entity Name
PICONE'S CHIROPRACTIC, REHABILITATION & SPORTS TRAINING NETWORK, INC.



FILED

03 SEP 25 PM 4:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business
20754 W DIXIE HWY
N MIAMI BCH FL 33180
US

Mailing Address
20754 W DIXIE HWY
N MIAMI BCH FL 33180
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 59-2689301

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PICONE, JOSEPH V.
~~20488 W. DIXIE HWY.~~ 20754 W. Dixie Highway
N MIAMI BCH. FL 33180

Name

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
PICONE, JOSEPH V.
20754 W. DIXIE HWY
N. MIAMI BCH. FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
200023335222
09/25/03 01025-007 **550.00

TITLE
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PICONE, JOSEPH V.
20754 W. DIXIE HWY
N. MIAMI BCH. FL ☐ Delete

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☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/19/03

305-937-1040

Date

Daytime Phone #

CR2E034 (4/03)