

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M65242

1. Entity Name

POPKIN CHIROPRACTIC CENTER, P.A.

FILED

Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90094 004 ***150.00

Principal Place of Business

Mailing Address

~~10017 CLEARY BLVD.~~
PLANTATION FL 33324

~~10017 CLEARY BLVD.~~
PLANTATION FL 33324

2. Principal Place of Business

1261 So. Pine Island Road

3. Mailing Address

1261 So. Pine Island Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Plantation, FL

City & State

Plantation, FL

Zip

33324

Country

Broward

Zip

33324

Country

Broward

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POPKIN, DAVID S.
~~10017 CLEARY BLVD.~~
PLANTATION FL 33324

Name

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

1261 So. Pine Island Road

City

Plantation

FL

Zip Code

33324

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS POPKIN, STEVEN G.
CITY-ST-ZIP ~~10017 CLEARY BLVD.~~
PLANTATION FL

TITLE ☒ Change ☐ Addition
NAME 1261 So. Pine Island Road
STREET ADDRESS Plantation, FL 33324
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS POPKIN, DAVID S.
CITY-ST-ZIP ~~10017 CLEARY BLVD.~~
PLANTATION FL

TITLE ☒ Change ☐ Addition
NAME 1261 So. Pine Island Road
STREET ADDRESS Plantation, FL 33324
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TITLE ☐ Change ☐ 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 #

CR2E034 (10/00)