2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2000 8:00 am
Secretary of State
04-28-2000 90017 007 ***150.00

DOCUMENT # M92134

1. Entity Name

BRUCE J. CHERLOW, D.C., P.A.

Principal Place of Business	Mailing Address
MARGATE BLVD FL 33063	1911 NW 34TH AVE COCONUT CREEK FL 33066-3037

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	13355 SW. 9th Court
Suite, Apt. #, etc.	Suite, Apt. #, etc.: APT KNG H317
City & State	City & State: Pembroke Pines, Florida
Zip / Country	Zip: 33027 Country: USA.

4. FEI Number 65-0067290 ☐ 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
CHERLOW, BRUCE J. 1911 N.W. 34TH AVENUE COCONUT CREEK FL 33066	Name: CHERLOW, BRUCE J Street Address (P.O. Box Number is Not Acceptable): 13355 SW 9th CT. APT. KNG H317 City: Pembroke Pines FL Zip Code: 33027

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: Bruce Cherlow DCPA — DATE: 4-18-00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHERLOW, BRUCE J 1911 NW 34TH AVENUE COCONUT CREEK FL 33066 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHERLOW, Bruce J 13355 SW 9th CT. Apt. KNG H317 Pembroke Pines, FL. 33027 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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: BRUCE J. CHERLOW, DCPA Bruce J. Cherlow DCPA — 4-18-00 — 954-972-0795

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #