2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2002 8:00 am
Secretary of State
01-24-2002 90180 019 ***150.00

DOCUMENT # M92134

1. Entity Name
BRUCE J. CHERLOW, D.C., P.A.

Principal Place of Business	Mailing Address
4621 N UNIVERSITY DR CORAL SPRINGS FL 33067	13355 SW 9TH COURT KNG H 317 PEMBROKE PINES FL 33027

2. Principal Place of Business		3. Mailing Address	
		4621 N. University Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: Coral Springs, FL	
Zip	Country	Zip: 33067	Country: USA

DO NOT WRITE IN THIS SPACE

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. 13355 SW 9TH CT KNG H317 PEMBROKE PINES FL 33027	Name: CHERLOW, BRUCE J. Street Address (P.O. Box Number is Not Acceptable): 4621 N. University Drive City: Coral Springs, FL Zip Code: 33067

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 — DATE: 1-9-02
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, 2002 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 13355 SW 9TH CT KNG H317 PEMBROKE PINES FL 33027	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 4621 N. University Drive Coral Springs, FL. 33067	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 Cherlow (BRUCE) CHERLOW — 1-9-02 — 954-796-0060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/01)