

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000028311

1. Entity Name  
CAFE OF LIFE CHIROPRACTIC, INC.

**FILED**  
**Jan 19, 2001 8:00 am**  
**Secretary of State**

01-19-2001 90017 042 \*\*\*150.00

Principal Place of Business  
~~1680 MERIDIAN AVE., #502~~  
~~MIAMI BEACH FL 33139~~

Mailing Address  
~~1680 MERIDIAN AVE., #502~~  
~~MIAMI BEACH FL 33139~~

2. Principal Place of Business  
2555 Collins Ave  
Suite, Apt. #, etc.  
C-4  
City & State  
Miami Beach FL  
Zip  
33140  
Country  
US

3. Mailing Address  
2555 Collins Ave  
Suite, Apt. #, etc.  
C-4  
City & State  
Miami Beach, FL  
Zip  
33140  
Country  
US



DO NOT WRITE IN THIS SPACE

4. FEI Number  
65-0985257  
Applied For  
☐ Not Applicable

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

## 6. Name and Address of Current Registered Agent

~~LAMPINSTEIN, ERIC~~  
~~1680 MERIDIAN AVE., #502~~  
~~MIAMI BEACH FL 33139~~

2555 Collins Ave

## 7. Name and Address of New Registered Agent

Name ERIC Lampinstein

Street Address (P.O. Box Number is Not Acceptable)  
2555 Collins Ave C-4

Miami Beach,

City FL Zip Code 33140

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-8-01

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

TITLE  
NAME LAMPINSTEIN, ERIC ☐ Delete  
STREET ADDRESS 1680 MERIDIAN AVE., #502  
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME Chiropractor Eric Lampinstein ☒ Change ☐ Addition  
STREET ADDRESS 2555 Collins Ave C-4  
CITY-ST-ZIP Miami Beach, FL 33140

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
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 #

1-8-2001 305-674-9321

CR2E034 (10/00)