

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90217 007 ***150.00

DOCUMENT # P00000085364

1. Entity Name

ARKIN CHIROPRACTIC CORP.

Principal Place of Business

Mailing Address

**390 JEFFERSON DRIVE SUITE 203
 DEERFIELD BEACH FL 33442**

**390 JEFFERSON DRIVE SUITE 203
 DEERFIELD BEACH FL 33442**

765994



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1937 N. Military Trail #S
 Suite, Apt. #, etc. **#S**

Suite, Apt. #, etc.

City & State **West Palm Bch, FL**

City & State

Zip **33409**

Country **USA**

Zip

Country

4. FEI Number

65-1039661

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

**SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

Name

Donna Arkin

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

1937 N. Military Trail #S

City

West Palm Bch

FL

Zip Code

33409

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

Donna Arkin

Donna Arkin

3-15-01

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 **PSD** ☐ Delete
 NAME **ARKIN, DONNA G**
 STREET ADDRESS **390 JEFFERSON DRIVE SUITE 203**
 CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

TITLE ☒ Change ☐ Addition
 NAME **1937 N. Military Trail #S**
 STREET ADDRESS **West Palm Bch, FL**
 CITY-ST-ZIP **33409**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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 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

Donna Arkin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-01

Date

561-722-4832

Daytime Phone #

CR2E034 (10/00)