

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90079 048 ***150.00

DOCUMENT # P00000116026

1. Entity Name

QUIROPRACTIC AND THERAPY CENTER, INC.

Principal Place of Business

Mailing Address

8500 S.W. 8TH STREET #248
MIAMI FL 33144

8500 S.W. 8TH STREET #248
MIAMI FL 33144

2. Principal Place of Business

3. Mailing Address

18350 NW 2ND AVE

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

601

City & State

City & State

Miami FL

Zip

Country

Zip

Country

33169

USA

4. FEI Number

65-1068348

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

MACHADO, ANICIA C

8500 S.W. 8TH STREET #248
MIAMI FL 33144

18350 NW 2ND AVE #601
Miami FL 33169

Name

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

City

FL

Zip Code

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, 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	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	D			<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	MACHADO, ANICIA C									
	8500 S.W. 8TH STREET #248									
	MIAMI FL 33144									
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANICIA CASTILLO M.

04-25-02 205 249-5340

Date

Daytime Phone #

CR2E034 (9/01)

Attachment
P08000116026

BEST ACCOUNTING, INC
8500 SW 8TH ST SUITE #246
MIAMI, FL 33144
305 269-7050

INSTRUCTIONS FOR FILING ANNUAL BUSINESS REPORT
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TO MAC CARE SERVICES

DATE 4/23/02

INSTRUCTIONS: REPORT DUE BY MAY 1, 2002

MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

FILING FEE \$ 150.00

SIGN THE FORM IN BLOCK 13.

NOTICE:

IT IS THE RESPONSIBILITY OF THE OWNER OF EACH CORPORATION TO ENSURE THAT THIS REPORT IS RECEIVED AND FILED BY THE DEPARTMENT OF STATE ON OR BEFORE MAY 1, 2002. REPORTS FILED AFTER MAY 1 ARE SUBJECT TO A \$ 400.00 LATE FEE. CORPORATIONS THAT HAVE NOT FILED WILL BE ADMINISTRATIVELY DISSOLVED AND THE REINSTATEMENT FEE WILL BE \$ 975.00.

PLEASE FILE NOW
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