

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2002 8:00 am**  
**Secretary of State**

09-12-2002 90088 034 \*\*\*150.00

**DOCUMENT # P01000011485**

1. Entity Name  
**TWINS CHIROPRACTIC & REHAB CENTER, INC.**

Principal Place of Business

**8043 W OAKLAND PARK BLVD  
 SUNRISE FL 33351**

Mailing Address

**8043 W OAKLAND PARK BLVD  
 SUNRISE FL 33351**

2. Principal Place of Business

**1308 Alexander Blvd**

3. Mailing Address

**1308 Alexander Blvd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Weston Florida**

City & State

**Weston Florida**

4. FEI Number

**65 109 5058**

Applied For

Not Applicable

Zip

**33327**

Country

**USA**

Zip

**33327**

Country

**USA**

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

**GORDON, ROBERT**

**8043 W OAKLAND PARK BLVD  
 SUNRISE FL 33351**

Name

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

**1308 Alexander Blvd**

City

**Weston**

FL

Zip Code

**33327**

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00  
 After September 13, 2002 Fee will be \$750.00  
 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  
 GORDON, ROBERT  
 8043 W OAKLAND PARK BLVD  
 SUNRISE FL 33351** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**1308 Alexander Blvd  
 Weston FL 33327** ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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

TITLE  
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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:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**8/31/02**

**954  
 647-2554**

CR2E034 (4/02)

*Attachment*  
*# P01000011485*

**Twins Chiropractic**

1308 Alexander Bend  
Weston, Florida 33327

August 31, 2002

Florida Department of State  
Division of Corporations

Dear Sir or Madam:

Please be advised that this is the first UBR notice my corporation has received. Therefore please waive any late charges. Enclosed is a check for \$150.00. If there are any problems please feel free to contact me at (954) 647-2994.

Sincerely,



Dr. Robert Gordon