

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90158 005 ***150.00

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000052889

1. Entity Name

Del Grosso Chiropractic PA

Principal Place of Business

14814 NW 7 Avenue

Mailing Address

Miami, FL
33168

2. Principal Place of Business
same

3. Mailing Address
same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

04-3665988

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75

Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Robert Del Grosso
14824 NW 7 Avenue
Miami, FL 33168

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003, fee will be \$550.00

Make check payable to Department of State

Mail to : Division of Corporations
Uniform Business Report Filings

P. O. Box 1500, Tallahassee, FL 32302-1500

9. Election Campaign Financing

\$5.00 May Be
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D Robert Del Grosso ☐ Delete
14824 NW 7 Avenue
Miami, FL 33168

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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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert Del Grosso, Director

4-4-03

(305) 953-1330

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRE034 (9/99)