

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90131 007 ***158.75

0325991 AV

DOCUMENT # P02000069644

1. Entity Name

MIND, BODY AND SPIRIT CHIROPRACTIC, INC.



Principal Place of Business
**150 NE 15TH AVENUE #1137
FORT LAUDERDALE FL 33301**

Mailing Address
**150 NE 15TH AVENUE #1137
FORT LAUDERDALE FL 33301**

2. Principal Place of Business

6220 N. Federal Hwy

3. Mailing Address

6220 N. Federal Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale, FL

Zip

33308

Country

U.S.A.

Zip

33308

Country

USA

4. FEI Number

02-0619496

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**TYLER, WILLIAM A
5375 STIRLING ROAD
DAVIE FL 33314**

7. Name and Address of New Registered Agent

Name **Tyler, William A.**
Street Address (P.O. Box Number is Not Acceptable)
6834 Stirling Road
City **Hollywood** FL Zip Code **33024**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **ORTA, JOSE DR.**
STREET ADDRESS **150 NE 15TH AVENUE #1137**
CITY-ST-ZIP **FORT LAUDERDALE FL 33301**

TITLE **D** ☐ Delete
NAME **ENNIS, AMY DR.**
STREET ADDRESS **150 NE 15TH AVENUE #1137**
CITY-ST-ZIP **FORT LAUDERDALE FL 33301**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P/D** ☒ Change ☐ Addition
NAME
STREET ADDRESS **6220 N. Federal Hwy**
CITY-ST-ZIP **Ft. Lauderdale, FL 33308**

TITLE **V/D** ☒ Change ☐ Addition
NAME
STREET ADDRESS **6220 N. Federal Hwy**
CITY-ST-ZIP **Ft. Lauderdale, FL 33308**

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

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

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

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

12. 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 **Dr. Jose L. ORTA**

3/24/2003 954-489-4790

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)