


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

04-11-2003 90097 009 ***150.00

DOCUMENT # P02000072810

1. Entity Name
AZITO CHIROPRACTIC, INC.



Principal Place of Business
**2121 N BAYSHORE DR APT 712
MIAMI FL 33137**

Mailing Address
**2121 N BAYSHORE DR APT 712
MIAMI FL 33137**



2. Principal Place of Business
**555 N.E. 34th St
Suite, Apt. #, etc.
#2705**

3. Mailing Address
**555 N.E. 34th St
Suite, Apt. #, etc.
#2705**

CHECK HERE IF MAKING CHANGES

City & State
MIA, FL

City & State
MIA, FL

Zip
33137

Country
USA

4. FEI Number
52-2368376

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
**AZITO, ARTURO
2121 N BAYSHORE DR APT 712
MIAMI FL 33137**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name **AZITO, ARTURO**

Street Address (P.O. Box Number is Not Acceptable)
555 N.E. 34th St, #2705

City **MIAMI, FL** Zip Code **33137**

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: _____ (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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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**PD Arturo Azito
555 NE 34 St. #2705
Miami, FL 33137**

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: **SIGNATURE REQUIRED** **4/17/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)