

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000006810

1. Entity Name
STREET CHIROPRACTIC CLINIC, INC.

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90054 002 ***150.00

976899



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1304 SW 160 AVE SUITE 302 SUNRISE FL 33326 US	Mailing Address 1304 SW 160TH AVE SUITE 302 SUNRISE FL 33326 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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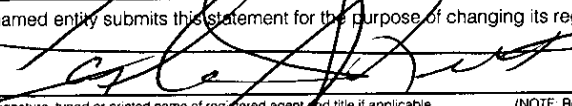
Zip	Country	Zip	Country
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4. FEI Number	65-0391612	Applied For	
		Not Applicable	

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent STREET, CARLA J 4260 W. 12TH AVE. HIALEAH FL 33012

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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  DATE 4/30/01
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STREET, JAMJES F 14660 S. BECKLEY SQUARE DAVIE FL 33325 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STREET, CARLA J 14660 S. BECKLEY SQUARE DAVIE FL 33325 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: 	4/30/01	3058236470
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #

CR2E034 (10/00)