

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90022 046 ***150.00

DOCUMENT # P94000072206

1. Entity Name

MIAMI GARDENS CHIROPRACTIC CENTER, INC.

Principal Place of Business

Mailing Address

18536 NW 67TH AVE
 MIAMI FL 33015

18536 NW 67TH AVE
 MIAMI FL 33015
 US

2. Principal Place of Business

3. Mailing Address

9380 SW 72nd St.
 Suite, Apt. #, etc.
 Suite B-236

9380 SW 72nd St.
 Suite, Apt. #, etc.
 Suite B-236

City & State
 Miami, Florida

City & State
 Miami, Florida

Zip
 33173

Country
 USA

Zip
 33173

Country
 USA

6. Name and Address of Current Registered Agent

CASTILLO, LUIS
 18536 NW 67TH AVE
 MIAMI FL 33015

7. Name and Address of New Registered Agent

Name
 Castillo, Luis

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

9380 SW 72nd St Suite B-236
 City Miami FL Zip Code 33173

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

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 \$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. ☐ **\$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
 CASTILLO, LUIS
 18536 NW 67TH AVE
 MIAMI FL 33015 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 Castillo, Luis
 9380 SW 72nd St. Suite B-236
 Miami, FL 33173 ☒ Change ☐ Addition of Address

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 RUSSO, ELLEN
 18536 NW 67TH AVE
 MIAMI FL 33015 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 Russo, Ellen
 9380 SW 72nd St. Suite B-236
 Miami, FL 33173 ☒ Change ☐ Addition of Address

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
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 CITY-ST-ZIP
☐ Change ☐ Addition

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TITLE
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 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:

Luis M. Castillo, DC
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 2/1/01 Daytime Phone # (305) 270-8288

0096263

CP2E034 (10/00)