

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000064978

1. Entity Name

AATAVIC CHIROPRACTIC CENTER, INC.

Principal Place of Business

3500 E FLETCHER AVE
STE 204
TAMPA FL 33613
US

Mailing Address

3500 E FLETCHER AVE
STE 204
TAMPA FL 33613-4795
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0603242

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MEHTA, HARSHA S
3500 E FLETCHER AVE STE 204
TAMPA FL 33613

Name HARSHA KABARIA (Name change after marriage)
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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/7/00

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, 2000 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 D
NAME MEHTA, HARSHA S
STREET ADDRESS 3500 E FLETCHER AVE STE 204
CITY-ST-ZIP TAMPA FL 33613 ☐ Delete

TITLE D
NAME KABARIA, HARSHA ☒ Change ☐ Addition
STREET ADDRESS 3500 E FLETCHER AVE, STE 204
CITY-ST-ZIP TAMPA FL 33613

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE O
NAME VIPUL V. KABARIA ☐ Change ☒ Addition
STREET ADDRESS 3500 E FLETCHER AVE, STE 204
CITY-ST-ZIP TAMPA, FL 33613

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/00

Date

813-631-8686

Daytime Phone #

CR2E034 (9/99)



DO NOT WRITE IN THIS SPACE

FILED

Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90093 012 ***150.00