

2007 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000051015

1. Entity Name

PLANTATION CHIROPRACTIC CENTER, INC.

Principal Place of Business

Mailing Address

7420 NW 5th St.
Suite 107
Plantation, FL 33317

7420 N.W. 5th St
Suite 107
Plantation, FL
33317

2. Principal Place of Business

7420 NW 5th St. Suite 107

3. Mailing Address

7420 NW 5th St

State, Apt. #, etc.

107

State, Apt. #, etc.

SUITE 107

City & State

Plantation, FLA.

City & State

Plantation, FLA

Zip

33317

Country

U.S.A.

Zip

33317

Country

U.S.A

4. FEI Number

65-0680095

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

PENJEVIC, RADOMIR
1417 S UNIVERSITY DR
PLANTATION FL 33324

Name

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

Radomir Penjevic

(NOTE: Registered Agent signature required when reconstituting)

DATE

04-10-07

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D

PENJEVIC, RADOMIR
4971 SW 94TH AVE
COOPER CITY FL 33328

☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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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 employees.

SIGNATURE

Radomir Penjevic

04-10-07

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FILED
2007 MAY -1 AM 10:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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CR2E034 (9/99)