

ANNUAL REPORT (UBH)

DOCUMENT #

1. Entity Name

PINES West Chiropractic

P96000081065

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90124 003 ***150.00

Principal Place of Business

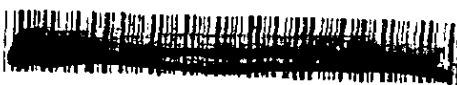
Mailing Address

17035 Pines blud

17035 Pines blud

Pembroke, Pines FL 33027

Pembroke Pines, FL 33027



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Route, Apt. #, etc.

State, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

650705019

Applied For

Not Applicable

5. Certificate or Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BUCKLEY, JOSEPH

17035 Pines Blvd

Pembroke, Pines, FL 33027

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

Signature of individual or printed name of registered agent and their address.

(NOTE: Registered Agent signature required when re-appointing)

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 Post Fund Contribution

☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE: ☐ Delete
NAME: BUCKLEY, JOSEPH
STREET ADDRESS: 18745 NW 1ST ST
CITY-ST-ZIP: PEMBROKE PINES FL 33026

TITLE: ☐ Delete
NAME: MARTINEZ, DAMIAN
STREET ADDRESS: 15532 S.W. 148TH TERRACE
CITY-ST-ZIP: MIAMI FL 33196

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP:

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

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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. I must be 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.

SIGNATURE:

Dr. Joseph Buckley Dr. Joseph Buckley

4/20/00

954-432-3343

Signature and typed or printed name of officer or director

Date

Daytime Phone