

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FLORIDA
03-26-2002 90013 017 ***150.00
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000091127

1. Entity Name

MIAMI SHORES PAIN RELIEF CENTER, P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1948 N.E. 123rd STREET

3. Mailing Address

SAME

Suite, Apt. #, etc.

SUITE 103

Suite, Apt. #, etc.

City & State

N. MIAMI, FL.

City & State

Zip

33181

Country

U.S.

Zip

Country

4. FEI Number

65-0705408

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name RUBEN R. MOSS, D.C.

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

1948 N.E. 123rd STREET

City

N. MIAMI, FL.

FL

Zip Code
33181

**DO NOT WRITE
IN THIS SPACE**

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

3/14/02

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.

(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$81.25

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

N/A

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PRESIDENT
DR. RUBEN R. MOSS, D.C.
1948 N.E. 123rd St, St#103

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

North Miami, FL. 33181

TITLE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/14/2002 (305)893-1119

CR2E034B (12/01)