

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90072 037 ***150.00

DOCUMENT # P96000095909

1. Entity Name
CENTER FOR MUSCULAR THERAPY, INC.

Principal Place of Business

Mailing Address

2754 SW 15TH ST
DEERFIELD BEACH FL 33442

2754 SW 15TH ST
DEERFIELD BEACH FL 33442

2. Principal Place of Business

3. Mailing Address

800 SOUTH OCEAN BLVD
APT. # 510

800 SOUTH OCEAN BLVD.
APT. # 510

City & State
DEERFIELD BEACH, FL.

City & State
DEERFIELD BEACH, FL.

Zip
33441

Country
BROWARD

Zip
33441

Country
BROWARD



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0710339**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

VALENZANO, THOMAS R
2754 SW 15TH ST.
DEERFIELD BEACH FL 33442

7. Name and Address of New Registered Agent

Name **VALENZANO, Thomas R.**
Street Address (P.O. Box Number is Not Acceptable) **800 SOUTH OCEAN BLVD.**
APT. # 510
City **DEERFIELD BEACH** **FL** **Zip Code** **33441**

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 *Thomas R. Valenzano* **(PRES.)** **2-6-02**
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, 2002 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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VALENZANO, THOMAS R 2754 SW 15TH STREET DEERFIELD BEACH FL 33442-6066 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VALENZANO, Thomas R. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 800 S. OCEAN BLVD APT. 510 DEERFIELD BEACH FL. 33441 Address
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 empowered.

SIGNATURE:

Thomas R. Valenzano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-6-02 954-675-9553

CR2E034 (9/01)