

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 06, 2001 8:00 am
Secretary of State

09-06-2001 90244 002 ***150.00

DOCUMENT # P97000087628

1. Entity Name

PARKWAY WELLENS CENTER, INC.

Principal Place of Business

Mailing Address

16585 N.W. 2nd Avenue
 Suite 300
 Miami, FL 33169

16585 N.W. 2nd Avenue
 Suite 300
 Miami, FL 33169

80063499

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

650813062

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GREEN, MITCH
 4000 Hollywood Blvd., Suite 485 So.
 Hollywood, FL 33021

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, 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, 2001 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 P ☐ Delete
 NAME Bronstein, Marshall
 STREET ADDRESS 16585 N.W. 2nd Avenue, # 300
 CITY-ST-ZIP Miami, FL 33169

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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)(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:

Marshall Bronstein

Marshall Bronstein, President

(305) 947-7300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2004 (11/00)

100-1-1

attachment
B0063499

PARKWAY WELLNESS CENTER, INC.

August 29, 2001

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: 65-0813062

To Whom It May Concern:

We have recently received our 2001 Uniform Business Report and have been notified that we've been penalized for the amount of \$400.00.

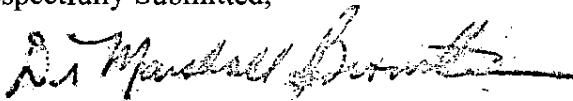
During my career I have been responsible and diligent in avoiding penalties and delinquent charges.

This is in no way a case of shunning my responsibility rather a true miscommunication between my attorney and accountant who thought it was the responsibility of the other – to contact and prepare this most important document.

In today's climate of very close margins, we respectfully ask that the penalty portion of my fee be reduce to the original amount of \$150.00. This won't happen next year!

Thank you for your understanding and cooperation.

Respectfully Submitted,



Marshall Bronstein, D.C.
President