

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000075590

1. Entity Name

PERSONAL INJURY AND PAIN RELIEF CENTER, P.A.

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90072 012 ***150.00

Principal Place of Business

8757 N.W. 57TH STREET
TAMARAC FL 33351

Mailing Address

8757 N.W. 57TH STREET
TAMARAC FL 33351

2. Principal Place of Business

8213 CASSIA TERR.

Suite, Apt. #, etc.

3. Mailing Address

8213 CASSIA TERR.

Suite, Apt. #, etc.

00034238



DO NOT WRITE IN THIS SPACE

City & State

TAMARAC, FL.

City & State

TAMARAC FL.

4. FEI Number

65-0860973

Applied For

Not Applicable

Zip

Country

33321

U.S.

Zip

Country

33321

U.S.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LUKOWITZ, PAULETTE M
8213 CASSIA TERRACE
TAMARAC FL 33321

7. Name and Address of New Registered Agent

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
KLEIN, JAY D.C.
8213 CASSIA TERRACE
TAMARAC FL 33321 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

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NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY - ST - ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAY KLEIN, D.C.

Date

4/4/01

Daytime Phone #

954-726-9261

CR2E034 (10/06)