

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90083 041 ***150.00

DOCUMENT # P98000075590

1. Entity Name

PERSONAL INJURY AND PAIN RELIEF CENTER, P.A.



Principal Place of Business

~~8213 CASSIA TERRACE~~

~~TAMARAC FL 33321~~

1501 N.W. 178th LANE

PEMBROKE PINES, FL 33029

Mailing Address

~~8213 CASSIA TERRACE~~

~~TAMARAC FL 33321~~

SAME

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

65-0860973

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LUKOWITZ, PAULETTE M

~~8213 CASSIA TERRACE~~

~~TAMARAC FL 33321~~

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete

NAME DP LUKOWITZ, PAULETTE M

STREET ADDRESS ~~8213 CASSIA TERRACE~~ 1501 N.W. 178th LANE

CITY-ST-ZIP ~~TAMARAC FL 33321~~ PEMBROKE PINES, FL 33029

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

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NAME

STREET ADDRESS

CITY-ST-ZIP

12. 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 10 or Block 11 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 3/24/03 854-447-4089

Date

Daytime Phone #

CR2E034 (10/02)