

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 19, 2000 8:00 am**  
**Secretary of State**

07-19-2000 90152 011 \*\*\*150.00

**DOCUMENT # P98000097838**

1. Entity Name

**BRICKELL CHIROPRACTIC CENTER, INC.**

*R*

Principal Place of Business

5975 N. FEDERAL HIGHWAY #121  
 FORT LAUDERDALE FL 33308

Mailing Address

5975 N. FEDERAL HIGHWAY #121  
 FORT LAUDERDALE FL 33308

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0881221**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**BRICKELL, KEITH**  
**5975 N. FEDERAL HIGHWAY #121**  
**FORT LAUDERDALE FL 33308**

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>BRICKELL, KEITH</b>	
STREET ADDRESS	<b>2443 N.E. 26TH STRET</b>	
CITY-ST-ZIP	<b>LIGHTHOUSE POINT FL 33064</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(f), 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/12/2000 954-771-3800

Date

Daytime Phone #

CR2E034 (5/00)

**Mazer**  
**& Associates**  
Certified Public Accountants

ATTACHMENT  
P98000097838  
B0109425

MEMBER  
FLORIDA INSTITUTE OF  
CERTIFIED PUBLIC ACCOUNTANTS  
INTERNATIONAL ASSOCIATION FOR  
FINANCIAL PLANNING

6100 GLADES ROAD / SUITE 310  
BOCA RATON, FLORIDA 33434

BOCA RATON (561) 451-9550  
BROWARD (954) 763-1228  
FAX (561) 451-9557

July 9, 2000

Division of Corporations  
Uniform Business Report Filings  
PO Box 1500  
Tallahassee, FL 32302-1500

RE: Document # P98000097838  
Brickell Chiropractic Center Inc.

Dear Sir or Madam:

Enclosed please find a check in the amount of \$150.00 to cover the annual report filing fee for the year 2000. My client just received the second notice in the mail this week. This is the first time the client has received a package from your office. Therefore, I am requesting abatement of any late fees associated with this matter.

Thank you in advance for your cooperation in this matter.

Sincerely,



Angela D. Johnson, CPA  
Tax Manager

Enclosure