

2000 UNIFORM BUSINESS REPORT (UBR)

1 of 3

DOCUMENT # P98000104415

FILED

1. Entity Name

CHIROHABITAT, INC.

00 JUN 23 AM 11:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 2270 COLUMBIA WESTON FL 33326	Mailing Address 2270 COLUMBIA WESTON FL 33326-2320
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number APPLIED FOR	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

05/17/2000 90931 04H \$150.00

6. Name and Address of Current Registered Agent

ROBINSON AND MARKS, P.A.
1590 NE 162 STREET, STE. 200
N. MIAMI BEACH FL 33162

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS RABIN, JEFFREY L 2270 CLOUMBIA WESTON FL 33326	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
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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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

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: Jeffrey L. Rabin, D.C. **JEFFREY L. RABIN, D.C.** Date: 7/26/00 (954) 385-9103
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/99)

June 28, 2000

Kathy Ashton
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Ms. Ashton,

I spoke with you this afternoon regarding the FEI Number for my corporation, CHIROHABITAT, reference # P98000104415. As I explained, my accountant had not filed the SS-4 form, and I thought he had. Since receiving the Florida Department of State letter last week, I have been trying to obtain an Employer Identification Number via the Tele-TIN phone number in Atlanta, and have been unable to get through, other than to hear directions about where to fax my application. Per your instructions today, I am enclosing a copy of the completed SS-4 form, which I faxed today to the IRS. The recording says I'll have an EIN in five working days. Once received, I'll send you that information via regular mail.

Thank you for taking the time to discuss this matter with me today, as well as for your assurance that taking the steps we discussed today would prevent the late fee from being assessed.

Sincerely,



Jeffrey L. Rabin, D.C.

Form **SS-4**

Application for Employer Identification Number

(Rev. February 1998)

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

Department of the Treasury
Internal Revenue Service

EIN

OMB No. 1545-0003

Keep a copy for your records.

1 Name of applicant (legal name) (see instructions)		CHIROHABITAT, INC.	
2 Trade name of business (if different from name on line 1)		CHIROHABITAT, INC.	
3 Executor, trustee, "care of" name			
4a Mailing address (street address) (room, apt., or suite no.)		5a Business address (if different from address on lines 4a and 4b)	
2270 COLUMBIA			
4b City, state, and ZIP code		5b City, state, and ZIP code	
WESTON, FL 33326			
6 County and state where principal business is located			
BROWARD, FLORIDA			
7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions)			
JEFFREY L. RABIN 143-40-3178			

8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

<input type="checkbox"/> Sole proprietor (SSN)	<input type="checkbox"/> Estate (SSN of decedent)
<input type="checkbox"/> Partnership	<input type="checkbox"/> Personal service corp.
<input type="checkbox"/> REMIC	<input type="checkbox"/> National Guard
<input checked="" type="checkbox"/> State/local government	<input type="checkbox"/> Farmers' cooperative
<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> Trust
<input type="checkbox"/> Other nonprofit organization (specify) ▶	<input type="checkbox"/> Federal government/military
<input checked="" type="checkbox"/> Other (specify) ▶ C CORPORATION	(enter GEN if applicable)

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State: FLORIDA Foreign country:

9 Reason for applying (Check only one box.) (see instructions)

<input checked="" type="checkbox"/> Started new business (specify type) ▶ CHIROPRACTIC PROMOTION	<input type="checkbox"/> Banking purpose (specify purpose) ▶
<input type="checkbox"/> Hired employees (Check the box and see line 12.)	<input type="checkbox"/> Changed type of organization (specify new type) ▶
<input checked="" type="checkbox"/> Created a pension plan (specify type) ▶	<input type="checkbox"/> Purchased going business
	<input checked="" type="checkbox"/> Created a trust (specify type) ▶
	<input type="checkbox"/> Other (specify) ▶

10 Date business started or acquired (month, day, year) (see instructions)

JUNE 1, 2000

11 Closing month of accounting year (see instructions)

DECEMBER

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)

JUNE 1, 2001

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0- (see instructions)

Nonagricultural	Agricultural	Household
0	0	0

14 Principal activity (see instructions) ▶ PROMOTION FOR CHIROPRACTIC & CHIROPRACTORS

15 Is the principal business activity manufacturing? Yes No

If "Yes," principal product and raw material used ▶

16 To whom are most of the products or services sold? Please check one box.

<input type="checkbox"/> Public (retail)	<input checked="" type="checkbox"/> Other (specify) ▶ other chiropractic professionals	<input type="checkbox"/> Business (wholesale)	<input type="checkbox"/> N/A
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17a Has the applicant ever applied for an employer identification number for this or any other business? Yes No

Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.

Legal name ▶ Trade name ▶

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year) City and state where filed Previous EIN

FAX: 305-893-7980

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code) 954-385-9103

Fax telephone number (include area code) 305-893-7980

Name and title (Please type or print clearly.) ▶ JEFFREY L. RABIN (PRESIDENT)

Signature ▶ Jeffrey L. Rab... Date ▶ 6/23/00

Note: Do not write below this line. For official use only.

Please leave blank ▶	Geo	Ind	Class	Size	Reason for applying
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