

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000038835

1. Entity Name

ACUPUNCTURE & MUSCLE THERAPY, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90191 029 ***150.00

Principal Place of Business

Mailing Address

2170 WEST 60TH STREET
#16207
HAILEAH FL 33016

2170 WEST 60TH STREET
#16207
HAILEAH FL 33016-2643

2. Principal Place of Business

3. Mailing Address

P.O. Box 297221
Suite, Apt. #, etc.

P.O. Box 297221
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Pompano Beach, Florida
Zip 33029. Country

Pompano Beach, Florida
Zip 33029. Country

4. FEI Number

65/0916355

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNSON, MICHAEL H
9244 NW 49TH PLACE
SUNRISE FL 33351

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, 2000 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	PSTD	<input type="checkbox"/> Delete
NAME	RHODEN, PETER J	
STREET ADDRESS	2170 WEST 60TH STREET	
CITY-ST-ZIP	HAILEAH FL 33016	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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)(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

4/26/00

Date

(954) 568-5252

Daytime Phone #

CR2E034 (9/99)