

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000078296

1. Entity Name

FRIEDMAN CHIROPRACTIC CENTER, PA

FILED
Jul 13, 2000 8:00 am
Secretary of State

07-13-2000 90012 043 ***150.00

Principal Place of Business

8510 WEST FLAGLER STREET
 MIAMI FL 33144

Mailing Address

8510 WEST FLAGLER STREET
 MIAMI FL 33144

2. Principal Place of Business

8510 West Flagler

3. Mailing Address

8510 West Flagler

Suite, Apt. #, etc.

Miami Fla

Suite, Apt. #, etc.

Miami Fla

City & State

33 144

City & State

33 144

4. FEI Number

65-0947981

Applied For

Not Applicable

Zip

33144

Country

USA

Zip

33144

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

FREEDMAN, DAVID H ESQ.
 11900 BISCAYNE BLVD.
 SUITE 616
 NORTH MIAMI FL 33181

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 **D** ☐ Delete
 NAME **FRIEDMAN, GARRY DR.**
 STREET ADDRESS **8510 WEST FLAGLER STREET**
 CITY-ST-ZIP **MIAMI FL 33144**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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:

WICK MORE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/30/00

Date

305-2271742

Daytime Phone #

P99000078296

A0067208



FRIEDMAN CHIROPRACTIC CENTER

8510 W. FLAGLER STREET • MIAMI, FLORIDA 33144 • PHONE (305) 227-1742 • FAX: (305) 227-2595

Member of FCA
Member of ICA

DR. GARRY L. FRIEDMAN

July 5, 2000

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

RE : 2000 UBR
Doc#: P99000078296

To whom it may concern:

I was just informed that a filing fee for \$150.00 was due in May and that a notice was sent. I never received this notice and was unaware that this fee was due, at that time I had a disgruntled employee who was throwing away the mail. I would like to abate the \$400.00 late fee that I am being charged. Had I known that this was due, I would with no doubt had paid the first time I received this notice.

Please take this into consideration. Your attention to this matter is greatly appreciated.

Sincerely,

Dr. Garry L. Friedman