

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2000 8:00 am
Secretary of State
 02-21-2000 90003 043 ***150.00

DOCUMENT # P99000082579

1. Entity Name
JAMES MICHAEL WOLK, DC, PA

Principal Place of Business Mailing Address

BEL AIRE DRIVE EAST **1160 BEL AIRE DRIVE EAST**
PINES FL 33027 **PEMBROKE PINES FL 33027-2226**

Principal Place of Business 3. Mailing Address

600 North Hialeah Road Suite, Apt. #, etc.

(Suite) Apt. #, etc. Suite, Apt. #, etc.

101 Suite, Apt. #, etc.

City & State City & State

Pembroke Pines, FL City & State

Zip Country Zip Country

33026 **USA** Zip Country

4. FEI Number Applied For

22-3679245 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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6. Name and Address of Current Registered Agent

WOLK, JAMES MICHAEL DC
1160 BEL AIRE DRIVE EAST
PEMBROKE PINES FL 33027

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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]* DATE: **2-14-00**

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. ☐ **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**

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
D <input type="checkbox"/> Delete	WOLK, JAMES MICHAEL DC 1160 BEL AIRE DRIVE EAST PEMBROKE PINES FL 33027	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	
	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	
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		NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	

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]* DATE: **2-14-00** DAYTIME PHONE: **954-435-8282**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)