

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90008 027 ***150.00

DOCUMENT # S38688

1. Entity Name

TUCHINSKY CHIROPRACTIC LIFE CENTER, INC.

Principal Place of Business

Mailing Address

~~10004 PINES BLVD~~
~~PEMBROKE PINES FL 33024~~
1427

~~10004 PINES BLVD~~
~~HOLLYWOOD FL 33021-2240~~

2. Principal Place of Business

3. Mailing Address

1427 E. Commercial Blvd
 Suite, Apt. #, etc.
FT LAUDERDALE, FL
 City & State

5000 N 37 ST
 Suite, Apt. #, etc.
HOLLYWOOD, FL
 City & State

Zip **33334** Country **USA**

Zip **33021** Country **USA**

4. FEI Number **65-0272434**

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

TUCHINSKY, DAVID
10004 PINES BLVD.
PEMBROKE PINES FL 33024

Name **DAVID TUCHINSKY**
 Street Address (P.O. Box Number is Not Acceptable)
1427 E. Commercial Blvd
 City **FT LAUDERDALE FL** Zip Code **33334**

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 **4/10/00**

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	P	<input type="checkbox"/> Delete
NAME	TUCHINSKY, DAVID	
STREET ADDRESS	5000 N 37TH ST	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	TUCHINSKY, JODI L	
STREET ADDRESS	5000 N 37TH ST	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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
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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

4/10/00 **954-2020229**
 Date Daytime Phone #

CR2E034 (9/99)