

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2005 8:00 am
Secretary of State

04-07-2005 90021 047 ***150.00

DOCUMENT # S40011

1. Entity Name
MIAMI NICE CHIROPRACTIC CENTER, INC.



Principal Place of Business
**8247 SW 124 ST.
MIAMI, FL 33156 US**

Mailing Address
**8247 SW 124 ST.
MIAMI, FL 33156 US**

DO NOT WRITE IN THIS SPACE



01242005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0256211

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**RUBINSTEIN, HENRY M.
8247 SW 124 ST.
MIAMI, FL 33156**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	RUBINSTEIN, HENRY M.
STREET ADDRESS	8247 SW 124 ST.
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	V
NAME	RUBINSTEIN, J. SHIMON
STREET ADDRESS	8247 SW 124 ST.
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	V
NAME	RUBINSTEIN, RUVAYN Y.
STREET ADDRESS	8247 SW 124 ST.
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	V
NAME	RUBINSTEIN, LAVI P.
STREET ADDRESS	8247 SW 124 ST.
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	SV
NAME	RUBINSTEIN, PATTI CLEIN
STREET ADDRESS	8247 SW 124 ST.
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	V
NAME	RUBINSTEIN, SHAINA R.
STREET ADDRESS	8247 SW 124 ST.
CITY-ST-ZIP	MIAMI, FL 33156

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or Block 11 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

4-3-05
Date

305-254-6378
Daytime Phone #