

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

01-03

DOCUMENT # S640011

1. Entity Name

MIAMI NICE CHIROPRACTIC CENTER, INC

FILED

03 FEB 24 AM 10:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600013033576
02/24/03--01066--006 **450.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

8247 SW 124 ST

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MIAMI, FLORIDA

City & State

City & State

4. FEI Number

65-0256211

Applied For

Not Applicable

Zip

Country

Zip

Country

33156

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

HENRY M. RUBINSTEIN

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

8247 SW 124 ST

City

MIAMI

FL

Zip Code

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.

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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: PRESIDENT/TREASURER
NAME: DR HENRY M. RUBINSTEIN
STREET ADDRESS: 8247 SW 124 ST
CITY-ST-ZIP: MIAMI, FL 33156

TITLE: SECRETARY/VICE-PRESIDENT
NAME: PATTI C. RUBINSTEIN
STREET ADDRESS: 8247 SW 124 ST
CITY-ST-ZIP: MIAMI, FL 33156

TITLE: VICE PRESIDENT
NAME: J. SHIMON RUBINSTEIN
STREET ADDRESS: 8247 SW 124 ST
CITY-ST-ZIP: MIA, FL 33156

TITLE: VICE-PRESIDENT
NAME: LAUL A. RUBINSTEIN
STREET ADDRESS: 8247 SW 124 ST
CITY-ST-ZIP: MIA, FL 33156

TITLE: VICE-PRESIDENT
NAME: RUVAYN Y. RUBINSTEIN
STREET ADDRESS: 8247 SW 124 ST
CITY-ST-ZIP: MIAMI, FL 33156

TITLE: VICE PRESIDENT
NAME: SHAINA R. RUBINSTEIN
STREET ADDRESS: 8247 SW 124 ST
CITY-ST-ZIP: MIA, FL 33156

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/03

305-254-6378

Date

Daytime Phone #

7/2/05



FLORIDA DEPARTMENT OF STATE

Ken Detzner
Secretary of State

February 12, 2003

MIAMI NICE CHIROPRACTIC CENTER, INC.
8247 SW 124 STREET
MIAMI, FL 33156 US

SUBJECT: MIAMI NICE CHIROPRACTIC CENTER, INC.
Ref. Number: S40011

We have received your document for MIAMI NICE CHIROPRACTIC CENTER, INC. and check(s) totaling \$550.00. However, your check(s) and document are being returned for the following:

The total amount due to reinstate is \$450.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers
Document Specialist

Letter Number: 003A00009412