

2000 UNIFORM BUSINESS REPORT (UBR)

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

05-30-2000 90121 004 ***150.00

DOCUMENT # S81010

1. Entity Name

T.L.C. CHIROPRACTIC CENTER, INC.

Principal Place of Business Mailing Address

6445 SW 8TH STREET
 MIAMI FL 33144
 US

P.O. BOX 960782
 MIAMI FL 33296-0782
 US

2. Principal Place of Business

6555 NW 36 ST.

3. Mailing Address

Suite, Apt. #, etc.

207

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

Zip

33166

Country

USA

Zip

Country

4. FEI Number

65-0284044

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GIRALDEZ, SERGIO
6502 KENDALE LAKES DRIVE
SUITE 205
MIAMI FL 33183

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

Sergio Giraldez

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

Sergio J. Cuddy

(NOTE: Registered Agent signature required when reinstating)

4-11-00

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 \$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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D. GIRALDEZ, SERGIO	6502 KENDALE LAKES DRIVE #205	MIAMI FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Sergio Giraldez **Sergio Giraldez**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-00

Date

305-996-7789

Daytime Phone #

CR2E034 (9/99)