2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V61262

B.B.C. CHIROPRACTIC CENTER, INC.

Principal Place of Business

Principal Place of Business

<u>140</u>000

3021

2805 **N**.St.P.J.T

Mailing Address

400 SE-STH STREET LAUDEDDALF FI-0994 2805 N STATE RD 7 HOLLYWOOD FL 33021

3. Mailing Address

Zip

Suite, Apt. #, etc.

FILED Feb 28, 2001 8:00 am Secretary of State

02-28-2001 90101 011 ***150.00

60027840

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Country

City & State 4. FEI Number Country

65-0359200

5. Certificate of Status Desired

7. Name and Address of New Registered Agent

\$8.75 Additional

Applied For

Not Applicable

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

LEWIN, ROBERT 2805 N ST RD 7 HOLLYWOOD FL 33021 Mame

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

City

(NOTE: Registered Agent signature required when reinstating)

DATE

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.

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, 2001 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

(See criteria on back) OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. PD TITLE ☐ Delete TITLE Addition MAME LEWIN, ROBERT NAME STREET ADDRESS 2805 N ST RD 7 STREET ADDRESS CITY-ST-7JP CITY-ST-ZIP HOLLYWOOD FI TITLE ☐ Delete TITLE Change Addition NAME FEDERICI, SONDRA STREET ADDRESS 2805 N. ST. RD. 7 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITL F Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

CITY-ST-ZIP