2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State
05-02-2000 90077 030 ***150.00

DOCUMENT # P95000000256

1. Entity Name

ARIEL CHUDNOVSKY, D.D.S., P.A.

Principal Place of Business	Mailing Address
50 NORTH HIBISCUS DR. MIAMI BEACH FL 33139	50 NORTH HIBISCUS DR. MIAMI BEACH FL 33139-5118

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
300 Biscayne Blvd. WAY	300 Biscayne Blvd WAY
Suite, Apt. #, etc.: #701	Suite, Apt. #, etc.: #701
City & State: MIAMI FL.	City & State: MIAMI, FL
Zip: 33131 Country: USA	Zip: 33131 Country: USA

4. FEI Number 65-0559855 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CHUDNOVSKY, ARIEL
50 NORTH HIBISCUS DRIVE
MIAMI FL 33139

7. Name and Address of New Registered Agent

Name: CHUDNOVSKY, ARIEL
Street Address (P.O. Box Number is Not Acceptable): 11111 Biscayne Blvd. # 1157
City: MIAMI **FL** Zip Code: 33181

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: A. ARIEL CHUDNOVSKY — 4/24/2000
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) ☐

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DPT CHUDNOVSKY, ARIEL DR. 50 N HIBISCUS DR. MIAMI BCH FL 33139	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (9/99)

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: A. ARIEL CHUDNOVSKY DPT — 2/2/2000 — (305) 371-6064
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #