

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 543459

1. Entity Name

IDA SEBASTIAN, M.D., P.A.

FILED
Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90036 005 ***150.00

Principal Place of Business

1520 10TH AVENUE NORTH, STE A
LAKEWORTH FL 33460

Mailing Address

1520 10TH AVENUE NORTH, STE A
LAKEWORTH FL 33460-2069

80034030



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1765580**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SEBASTIAN, M D
4526 ST ANDREWS DR
BOYNTON BCH, FL
33436

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

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
☐ Delete

PDS
SEBASTIAN, IDA
4526 ST ANDREWS DR
BOYNTON BEACH, FL 33436

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

T
GNANASEELAN, LIONEL
1520 10TH AVE, N. SUITE A
LAKE WORTH FL

TITLE
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Vice President
Nancy K. PERAMUNE
3330-3 Pine Apple Tree Drive
#109- Boynton Beach, FL 33436

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:

IDA SEBASTIAN M.D.

3/31/00 581 586 2236

Date

Daytime Phone #

CR2E034 (9/99)