

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000

1. Entity Name

SURRIYA A. SABIR, M.D., P.A.

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90059 050 ***150.00

Principal Place of Business

Mailing Address

4535 45TH STREET SOUTH
ST PETERSBURG FL 33711-4437
US

4535 45TH STREET SOUTH
ST PETERSBURG FL 33711-4437
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2207575

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SABIR, SURRIYA A
4535 45TH STREET SOUTH
ST PETERSBURG FL 33711-4437

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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☒ Change ☐ Addition
	DP	SABIR, SURRIYA A	1075 9TH AVENUE NORTH ST PETERSBURG FL	☐			4535 45TH STREET SOUTH ST. PETERSBURG, FL 33711		☐
				☐					☐
				☐					☐
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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:

Surriya A. Sabir
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.15.00
Date

727-864-3696
Daytime Phone #