

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M35861

1. Entity Name

STEVEN R. POLIAKOFF, M.D., P.A.

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90025 037 ***158.75

Principal Place of Business

~~6202 SUNSET DRIVE~~
~~SUITE 308~~
SOUTH MIAMI FL 33143

Mailing Address

~~6202 SUNSET DRIVE~~
~~SUITE 308~~
SOUTH MIAMI FL 33143-4843

2. Principal Place of Business

6280 SUNSET DRIVE
Suite, Apt. #, etc.
502

3. Mailing Address

6280 SUNSET DRIVE
Suite, Apt. #, etc.
502



DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

59-2700977

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

POLIAKOFF, STEVEN R
~~6202 SUNSET DRIVE~~
SUITE 308
MIAMI FL 33143

Name

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

6280 SUNSET DRIVE

SUITE # 502

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 PSTD ☐ Delete
NAME POLIAKOFF, STEVEN R.
STREET ADDRESS 3550 N. MOORINGS WAY
CITY-ST-ZIP COCONUT GROVE FL 33133

TITLE ☒ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS 628950 ARVIDA DRIVE
CITY-ST-ZIP CORAL GABLES, FL 33156

TITLE D ☒ Delete
NAME POLIAKOFF, STEVEN R.
STREET ADDRESS 3550 N MOORINGS WAY
CITY-ST-ZIP COCONUT GROVE FL

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Steven R. Poliakoff

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/00

Date

3055960870

Daytime Phone #