

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 03, 2000 8:00 am
Secretary of State

08-03-2000 90038 030 ***550.00

DOCUMENT # P93000074484

1. Entity Name
VIOLETA ATANASOSKI, M.D., P.A.

Principal Place of Business

5757 N DIXIE HWY
 FT LAUDERDALE FL 33334
 US

Mailing Address

5757 N DIXIE HWY
 FT LAUDERDALE FL 33334
 US

2. Principal Place of Business

1880 E. Commercial Bld
 Suite, Apt. #, etc.
 Fort Lauderdale FL
 City & State

3. Mailing Address

4900 N. Ocean Bld
 Suite, Apt. #, etc.
 # 1221
 City & State
 Fort Lauderdale FL



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0504094

Applied For

Not Applicable

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

ATANASOSKI, VIOLETA
 4900 N OCEAN BLVD
 APT 1221
 FT LAUDERDALE FL 33308

Name

Atanasoski-McCormack Violet MD

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

4900 N. Ocean Bld. # 1221

City

Fort Lauderdale FL

FL

Zip Code

33308

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	D	<input type="checkbox"/> Delete
NAME	ATANASOSKI, VIOLETA MD	
STREET ADDRESS	4900 N OCEAN BLVD #1221	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)