

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000000256

1. Entity Name

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

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90077 030 ***150.00

Principal Place of Business

50 NORTH HIBISCUS DR.
MIAMI BEACH FL 33139

Mailing Address

50 NORTH HIBISCUS DR.
MIAMI BEACH FL 33139-5118

2. Principal Place of Business

300 Biscayne Blvd. Way

Suite, Apt. #, etc.

701

City & State

MIAMI FL

Zip

33131

Country

USA

3. Mailing Address

300 Biscayne Blvd Way

Suite, Apt. #, etc.

701

City & State

MIAMI FL

Zip

33131

Country

USA



DO NOT WRITE IN THIS SPACE

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)

1111 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

Signature, typed or printed name of registered agent and title if applicable

ARIEL CHUDNOVSKY

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/2000

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

TITLE DPT
NAME CHUDNOVSKY, ARIEL DR.
STREET ADDRESS 50 N HIBISCUS DR.
CITY-ST-ZIP MIAMI BCH FL 33139 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARIEL CHUDNOVSKY DPT

Date

2/2/2000

Daytime Phone #

(305) 371-6064

CR2E034 (9/99)