

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 04, 2003 8:00 am
Secretary of State

08-04-2003 90147 024 ***150.00

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DOCUMENT # P95000023941

1. Entity Name

SANDRA P. IVANIER TEMKIN D.D.S. P.A.



Principal Place of Business
SANDRA PIELA IVANIER-TEMKIN
11790 SW 8TH ST
MIAMI FL 33186
US

Mailing Address
10047 SW 156TH AVE
MIAMI FL 33196
US

2. Principal Place of Business

3. Mailing Address

11790 SW 89 STREET

13315 SW 98 PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

Zip

33186

Country

DADE

Zip

33176

Country

DADE

4. FEI Number

65-0566592

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

IVANIER TEMKIN, SANDRA P
10047 SW 156 AVE
MIAMI FL 33196

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003: Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PV
NAME IVANIER TEMKIN, SANDRA P
STREET ADDRESS 10047 SW 156TH AVE
CITY-ST-ZIP MIAMI FL 33146 ☐ Delete

TITLE
NAME
STREET ADDRESS 13315 SW 98 R.
CITY-ST-ZIP Miami FL 33176 ☐ Change ☐ Addition

TITLE STD
NAME IVANIER TEMKIN, SANDRA P
STREET ADDRESS 10047 SW 156 AVE
CITY-ST-ZIP MIAMI FL 33146 ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/31/03

Date

(305) 270-0144

Daytime Phone #

CR2E034 (4/03)