

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90117 035 \*\*\*150.00

**DOCUMENT # P98000045022**

1. Entity Name

**LYDIANN ANTOMMATTEI-SEDA, D.P.M., P.A.**

Principal Place of Business

Mailing Address

1680 MERIDIAN AVE.

1680 MERIDIAN AVE.

108

BCH FL 33139

MIAMI BCH FL 33139-2706

**A0048516**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0836513**

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

Name

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

City

**FL**

Zip Code

**AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134**

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  
ANTOMMATTEI-SEDA, LYDIANN  
1255 WEST 46TH STREET  
HIALEAH FL 33012**

☐ Delete

TITLE

**PSTD  
Antommattei-Seda, Lydiann  
1680 Meridian Ave., Suite 108  
Miami Beach, FL 33139**

☒ Change

☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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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 (9/99)