

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90159 003 ***150.00

DOCUMENT # P00000091336

1. Entity Name

SEMINOLE INDIAN OF FLORIDA, INC.



Principal Place of Business

3200 PORT ROYALE DR. N.
#704
FT. LAUDERDALE FL 33308

Mailing Address

3200 PORT ROYALE DR. N.
#704
FT. LAUDERDALE FL 33308



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

65-1046595

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

FARCASIU, JOSIF A
1647 MAYO STREET
HOLLYWOOD FL 33020

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 reissuing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

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 ~~DP~~ D.V.P. ☐ Delete
NAME FARCASIU, JOSIF A
STREET ADDRESS 1647 MAYO ST
CITY-ST-ZIP HOLLYWOOD FL 33020

TITLE D., PRES ☐ Change ☒ Addition
NAME KLINE, JOEL
STREET ADDRESS 3200 PORT ROYALE DR. N. #704
CITY-ST-ZIP FT. LAUDERDALE, FL 33308

TITLE DS ☐ Delete
NAME KLINE, STARLETT
STREET ADDRESS 3200 PORT ROYALE DR #704
CITY-ST-ZIP FT LAUDERDALE FL 33308

TITLE D. - CHAIR. ☐ Change ☒ Addition
NAME MARCELLUS OSCEOLA
STREET ADDRESS 6341 N.W. 34th St.
CITY-ST-ZIP HOLLYWOOD, FL 33024

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
NAME
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Starlett Kline*

420-06

954-771-9810