

04-03-2003 90168 035 ***150.00

1. Entity Name
FLORIDIAN HALL, INC.



55039674

1. The first step in the process is to identify the problem or issue that needs to be addressed. This involves gathering information and understanding the context of the problem.

☐ CHECK HERE IF MAKING CHANGES

City & State		City & State		FEI Number 14-1843643		Applied For
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐		Not Applicable
						\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KRASNIC, SANDRA 17874 N.W. 2ND STREET PEMBROKE PINES FL 33029		7. Name and Address of New Registered Agent Name: Mario Krasnic Street Address (P.O. Box Number is Not Acceptable): 17874 NW 2nd Street City: Pembroke Pines FL Zip Code: 33029	
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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 returning.

DATE _____

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 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 NAME STREET ADDRESS CITY - ST - ZIP	PRASIDIO SANDRO KRASNIC 17874 NW 251 PEMBROKE PINE FL 33024 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE PRESIDENT MARIO KRASNIC 17876 NW 251P PEMBROKE PINE FL 33024 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREASURER SANDRO KRASNIC 17874 NW 251 PEMBROKE PINE FL 33024 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECRETARY MARIO KRASNIC 17874 NW 251 PEMBROKE PINE FL 33024 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS 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)(f), 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF TRAINING OFFICER OR DIRECTOR

9/1/03

Daytime Noise