

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S88057

1. Entity Name

SIDONIA CORP.

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90010 029 ***150.00

Principal Place of Business

Mailing Address

2100 PARK CENTRAL BLVD
SUITE 900
POMPANO BEACH FL 33064
US

2100 PARK CENTRAL BLVD
SUITE 900
POMPANO BEACH FL 33064-2242
US

2. Principal Place of Business

3. Mailing Address

2875 NE 191 ST
Suite, Apt. #, etc.
PH 1

2875 NE 191 ST
Suite, Apt. #, etc.
PH 1

City & State

City & State

AVENTURA

AVENTURA

Zip

Country

Zip

Country

FL

33180

FL

33180



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0298608

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

THEODORE J KLEIN
88 NE 168 ST
N. MIAMI BEACH FL 33162

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.

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 ☐ Delete

NAME
DPS
STREET ADDRESS
2875 NE 191 ST PH1
CITY-ST-ZIP
AVENTURA FL 33180

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME
VP
STREET ADDRESS
2875 NE 191 ST, PH1
CITY-ST-ZIP
AVENTURA FL 33180

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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

3/9450405

Date

Daytime Phone #

CR2E034 (9/99)