2002 Uniform Business Report (UBR)

Mar 26, 2002 8:00 am S88057 DOCUMENT # **Secretary of State** 1. Entity Name 03-26-2002 90028 049 ***150.00 SIDONIA CORP. Principal Place of Business Mailing Address 2875 NE 191 ST 2875 NE 191 ST PH 1 **AVENTURA FL 33180 AVENTURA FL 33180** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0298608 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent THEODORE J KLEIN Street Address (P.O. Box Number is Not Acceptable) 88 NE 168 ST N. MIAMI BEACH FL 33162 City Zio 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. VICE PRESIDENT TITLE ☐ Delete TITLE Addition SREDNI, ISAAC MAX SLEDNI 174X JREDNI 2875 NE 1915T., PENTHOUSE QUE NAME NAME 2875 NE 191 ST PH1 STREET ADDRESS STREET ADDRESS **AVENTURA FL 33180** AUENTURA, FL 33180 CITY-ST-7IP CITY-ST-ZIP ASSISTANT SECRETARY | Change | ALEXANDRA SREDNI 2875 NE 191 ST., PENTHOUSE ONE Delete TITLE TITLE SREDNI, MIRIAM NAME NAME 2875 NE 191 ST, PH1 STREET ADDRESS STREET ADDRESS **AVENTURA FL 33180** CITY-ST-ZIP CITY-ST-ZIP TITLE --- 🖸 Delete ∽ TITLE --- Change - - Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition ,ű NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED