

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2001 8:00 am
Secretary of State

01-08-2001 90016 015 ****61.25

DOCUMENT # 706293

1. Entity Name

ASTOR CONDOMINIUM INC

Principal Place of Business

3510 HARRISON STREET
 HOLLYWOOD FL 33021

Mailing Address

3510 HARRISON STREET
 HOLLYWOOD FL 33021

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

70-6293160

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

KNEEBONE, JOAN
3510 HARRISON ST
#7
HOLLYWOOD FL 33021

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

Joan H. Kneebone

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/02/01

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **P**
 STREET ADDRESS **KNEEBONE, JOAN**
 CITY-ST-ZIP **3510 HARRISON ST # 7**
HOLLYWOOD FL 33021

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

TITLE ☐ Delete
 NAME **TS**
 STREET ADDRESS **JOHNSON, MYRTIS**
 CITY-ST-ZIP **3510 HARRISON ST #14**
HOLLYWOOD FL 33021

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

TITLE ☐ Delete
 NAME **VP**
 STREET ADDRESS **KELLY, JOSEPH**
 CITY-ST-ZIP **3510 HARRISON ST #1**
HOLLYWOOD FL 33021

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

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **ORTIZ, MARIA**
 CITY-ST-ZIP **3510 HARRISON ST #5**
HOLLYWOOD FL 33021

TITLE ☒ Change ☐ Addition
 NAME **Rusie, Gene**
 STREET ADDRESS **3510 Harrison St # 9**
 CITY-ST-ZIP **Hollywood, Fl. 33021**

TITLE ☐ Delete
 NAME **S**
 STREET ADDRESS **IZQUIERDO, ISAAC**
 CITY-ST-ZIP **3510 HARRISON ST #12**
HOLLYWOOD FL 33021

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **JANTILLO, LO**
 CITY-ST-ZIP **3510 HARRISON ST. #10**
HOLLYWOOD FL 33021

TITLE ☒ Change ☐ Addition
 NAME **D**
 STREET ADDRESS **Santillo, Josephine**
 CITY-ST-ZIP **3510 Harrison St #10**
Hollywood, Fl. 33021

12. 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 617, 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:

Joan H. Kneebone

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/02/01

954.894-5337

CR2E037 (10/00)