

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

01-09-2003 90077 015 \*\*\*\*61.25


**FILED**

716074

03 FEB 19 PM 3:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 716074**  
1. Entity Name  
**TELSTAR CONDOMINIUM, INC.**



Principal Place of Business  
**1811 JEFFERSON STREET  
HOLLYWOOD FL 33020**

Mailing Address  
**1811 JEFFERSON STREET  
HOLLYWOOD FL 33020**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country

4. FEI Number **59-1384959**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**OSTRENKO, KIM  
1811 JEFFERSON ST #410  
HOLLYWOOD FL 33020**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
FL Zip Code



CHECK HERE IF MAKING CHANGES

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 *Kim Ostrenko* DATE **1/7/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P D</b> <b>OSTRENKO, KIM</b> <b>1811 JEFFERSON ST #410</b> <b>HOLLYWOOD FL 33020</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>RAMBO, TIM</b> <b>1811 JEFFERSON ST. #808</b> <b>HOLLYWOOD FL 33020</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Michael Petrillo (V.P.)</b> <b>1811 Jefferson St # 608</b> <b>Hollywood, FL 33020</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P D</b> <b>OSTRENKO, KIM</b> <b>1811 JEFFERSON ST #410</b> <b>HOLLYWOOD FL 33020</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>LEDWITH, JOY</b> <b>1811 JEFFERSON # 408</b> <b>HOLLYWOOD FL 33020</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GHANNI, VICKI</b> <b>1811 JEFFERSON ST #701</b> <b>HOLLYWOOD FL 33020</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WAGERS, SAM</b> <b>1811 JEFFERSON ST. #804</b> <b>HOLLYWOOD FL 33020</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Sec. WAGERS, SAM</b> <b>1811 Jefferson St. # 604</b> <b>Hollywood, FL-33020</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

CREDST (10/02)

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, without other like empowered.

SIGNATURE: *Kim Ostrenko* DATE: **1/7/03** (954) 924-4566

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR