

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2002 8:00 am
Secretary of State

04-21-2002 90901 009 ****61.25

DOCUMENT # 725204

1. Entity Name

STAR LAKE NORTH NAUTILUS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

19255 N.E. 2ND AVENUE
 MIAMI FL 33179
 US

19255 N.E. 2ND AVENUE
 MIAMI FL 33179
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1477794

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

KALLICHE, ANTHONY A ESQUIRE
 BECKER & POLIAKOFF, P.A.
 5201 BLUE LAGOON DRIVE, SUITE #100
 MIAMI FL 33126

Name

THE WALL MANAGEMENT CORP.

Street Address (P.O. Box Number is Not Acceptable)

220-71 STREET SUITE 207

City

MIAMI BEACH

FL

Zip Code

33141

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 **ORLANDO DE LUCA PRESIDENT**

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

(NOTE: Registered Agent Signature required when reinstating)

4/8/02

DATE

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	PD	<input type="checkbox"/> Delete
NAME	CRUZ, DORORES	
STREET ADDRESS	19255 N.E. 2ND AVE #2219	
CITY - ST - ZIP	MIAMI FL 33179	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	GERDES, JEAN W	
STREET ADDRESS	19255 NE 2ND AVE #2210	
CITY - ST - ZIP	MIAMI FL 33179	
TITLE	DSTD	<input type="checkbox"/> Delete
NAME	BACON, SASHA A	
STREET ADDRESS	19255 NE 2ND AVENUE, #2222	
CITY - ST - ZIP	MIAMI FL 33179	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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: DOLORES CRUZ **4/13/2002 (30S) 665-0187**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)