

FILED


N01750

03 JUN -3 PM 4: 07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Amended*

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

DOCUMENT # N01750			
1. Entity Name THE FOUR STAR CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 1770 WEST 38TH PLACE HIALEAH, FL 33012-7072 US		Mailing Address 2225 SW 90TH AVENUE MIAMI, FL 33165 US	
2. Principal Place of Business 1374 W 44 ST. Suite, Apt. #, etc.		3. Mailing Address 1374 W 44 ST. Suite, Apt. #, etc.	
City, State, Zip HIALEAH FL 33012 USA		City, State, Zip HIALEAH FL 33012 USA	
4. FEI Number 26-5784992		Applied For Not Applicable	
5. Certificate of Status Desired: <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent FARELI, CORP. 2225 SW 90TH AVENUE MIAMI, FL 33165	
7. Name and Address of New Registered Agent Name: OSUALDO GUEVARA Street Address (P.O. Box Number is Not Acceptable): 1374 W 44 ST. City, State, Zip: HIALEAH FL 33012		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: <i>[Signature]</i> Osualdo Guevara		Date: 5/5/03	
FILE NOW! FEES \$81.25		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD	NAME: LIZAMA, JOSE A STREET ADDRESS: 2225 SW 90TH AVENUE CITY-STATE-ZIP: MIAMI, FL 33165	TITLE: P	NAME: OSUALDO GUEVARA STREET ADDRESS: 1374 WEST 44 ST CITY-STATE-ZIP: HIALEAH FL 33012
TITLE: SD	NAME: LIZAMA, AIDI M STREET ADDRESS: 2225 SW 90TH AVENUE CITY-STATE-ZIP: MIAMI, FL 33165	TITLE: T	NAME: RITA DIAZ STREET ADDRESS: 1376 WEST 44 ST CITY-STATE-ZIP: HIALEAH, FL 33012
TITLE: VPD	NAME: LIZAMA, JOSE R STREET ADDRESS: 8680 NW 5TH TERRACE CITY-STATE-ZIP: MIAMI, FL 33125	TITLE: V	NAME: ABILIO RAMOS STREET ADDRESS: 1374 WEST 44 ST CITY-STATE-ZIP: HIALEAH, FL 33012
TITLE: [Blank]	NAME: [Blank] STREET ADDRESS: [Blank] CITY-STATE-ZIP: [Blank]	TITLE: S	NAME: PAOLA FERRER STREET ADDRESS: 1370 WEST 44 ST CITY-STATE-ZIP: HIALEAH, FL 33012
TITLE: [Blank]	NAME: [Blank] STREET ADDRESS: [Blank] CITY-STATE-ZIP: [Blank]	TITLE: [Blank]	NAME: [Blank] STREET ADDRESS: [Blank] CITY-STATE-ZIP: [Blank]
TITLE: [Blank]	NAME: [Blank] STREET ADDRESS: [Blank] CITY-STATE-ZIP: [Blank]	TITLE: [Blank]	NAME: [Blank] STREET ADDRESS: [Blank] CITY-STATE-ZIP: [Blank]
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: <i>[Signature]</i> Osualdo Guevara		Date: 5/5/03 305 819 6918	

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CHECK HERE IF MAKING CHANGES

CFR60307 (10/02)