## **FILED**

## 2003 NOT-FOR-PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)					Mar 17, 2003 8:00 am				
DOCU 1. Entity Na FLAMEN			Secretary of State 03-17-2003 90489 038 ****61.25						
Principal Place of Business 1055 WEST 77TH STREET HIALEAH FL 33014		Mailing Address C/O ASTRO CONDO SER 2100 WEST 76 STREET-SU HIALEAH FL 33016			   1 <b>18</b> 111 <b>8</b> 1 812 82	HAN ARION NAIRR AINFO AIRE DH	2   4	. <u>Ana</u> n aran 1201	
2. Principal 1055 Suite, Ap			Mailing Address D: ASTOR HENT SERV. Suite, Apt. #, etc.						
City & Sta	·	2100 W.76	sst. #4	113		CHECK HERE IF MA	KING CHANG	ES	
	IEAH, FI.	City & State  HIA KEAH,	CI.		4. FEI Number 5	9-2539920 		Applied For Not Applicable	
3301	6. Name and Address of Curren	33014	Country		5. Certificate of S		Fee Req	Additional uired	
	The state of the s				7. Name and Add	ress of New Registe	ered Agent		
ASTRO CONDO-SERVICES, INC. ASTOR MGMT SERVID LOUIS A. REY - PROPERTY MGR. 2100 W 76 ST # 413			Tic	Name Street Address (P.O. Box Number is Not Acceptable)					
	76 51 # 413 I FL 33016	·	City FL Zip Code						
SIGNATURE	Signature, typed or printed name of registered agen		E: Registered Agent sign mpaign Financing Contribution.		when reinstating) \$5.00 May Be Added to Fees	Make Cl	heck Payab		
10.	OFFICERS AND DI	DECTOR					-		
<del> </del>	OFFICERS AND DI		11.	Al Al	DDITIONS/CHANG	S TO OFFICERS AN	D DIRECTORS	IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BAEALLAO, ORLANDO 3237 W 77 PL HIALEAH FL 33018	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	105		ARMANDO TREET #31		e 🖪 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANALES, JUAN B 3180 W 68 PL HIALEAH FL 33018	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MAR: 105	IA TRUJIL 5 W 77 ST LEAH, FL	LO - D- #213	☐ Chang	e 🖪 Addition	
TITLE NAME STREET ADDRESS CITY - ST-ZIP	JORGE, JOSE 1055 W. 77TH STREET, APT. 200 HIALEAH FL 33014		NAME STREET ADDRESS CITY-ST-ZIP	1055	AR CONTRE W.77 ST LEAH, FL		Change	Addition	
TITLE NAME STREET ADDRESS MTY-ST-ZIP	SD BACALLAO, LAZARO 1055 W. 77 ST., #305 HIALEAH FL 33014	- D -	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	
ITLE IAME TREET ADDRESS ITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	

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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**SIGNATURE:** 

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

03/14/03

305-8/80810

☐ Change

☐ Addition