

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90026 037 ****61.25

DOCUMENT # N11459

1. Entity Name

QUASAR TWIN HOMES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

THE TIMBERLAKE GROUP, INC
5050 NW 74TH AVE
MIAMI FL 33166-4052
US

THE TIMBERLAKE GROUP, INC
5050 NW 74TH AVE
MIAMI FL 33166-5516
US

2. Principal Place of Business

3. Mailing Address

5372 W. 24 Ct.

1920 E. Hallandale Beach Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

806

City & State

City & State

Hialeah, FL

Hallandale, FL

Zip

Country

Zip

Country

33012

USA

33009

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DUGGER, ROBERT A
5050 NW 74TH AVE
MIAMI FL 33166

Name

Law Offices of Eric M. Glazer, P.A.

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

1920 E. Hallandale Beach Blvd., #806

City

Hallandale

State

FL

Zip Code

33009

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

[Handwritten Signature]

3-00-02

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME	TITLE	NAME
PD	GUTIERREZ, JOSE A		
5372 W 24 CT			
HIALEAH FL			
SD	AMBROGI, OCTAVIO		
5357 WEST 24TH COURT			
HIALEAH FL 33012			
TD	AMBROGI, OCTAVIO		
5357 WEST 24TH COURT			
HIALEAH FL 33012			

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 of 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 a address, with all other like empowered.

SIGNATURE: *[Handwritten Signature]*

4-11-02

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CR2E037 (9/01)