

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

FILED
Feb 03, 2003 8:00 am
Secretary of State

01-09-2003 90142 008 ****35.00
02-03-2003 90041 023 ****26.25

DOCUMENT # N11459

1. Entity Name

Quasar Twin Homes Condominium Association, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5340 W. 24 Court

Suite, Apt. #, etc.

3. Mailing Address

1920 E. Hallandale Beach Blvd.

Suite, Apt. #, etc.

Suite 806

City & State
Hialeah, Florida

City & State
Hallandale, Florida

Zip
33016

Country
USA

Zip
33009

Country
USA

4. FEI Number
59-2658310

Applied For

Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Glazer & Associates, P.A.

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

1920 E. Hallandale Beach Boulevard, Suite 806

City
Hallandale

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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
JULIO BALDELOMAR - PD
5340 W. 24 COURT
HIALEAH, FLORIDA 33016

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
OCTAVIO AMBROGI - TD
5357 W. 24 COURT
HIALEAH, FLORIDA 33016

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MARIA GARCES - D
5333 W. 24 COURT
HIALEAH, FLORIDA 33016

TITLE
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-23-02

CR2E037B (12/01)



attachment
N11459
30028918

FLORIDA DEPARTMENT OF STATE

Ken Detzner
Secretary of State

January 15, 2003

QUASAR TWIN HOMES CONDOMINIUM ASSOCIATION, INC.
1920 E HALLANDALE BCH BLVD
806
HALLANDALE, FL 33009 US

Subject: QUASAR TWIN HOMES CONDOMINIUM ASSOCIATION, INC.

Reference Number: ~~N11459~~

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$35.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the enclosed nonprofit annual report/uniform business report is \$61.25. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$26.25.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

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/PC
ANNUAL REPORTS SECTION