

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Aug 07, 2002 8:00 am
Secretary of State

08-07-2002 90183 033 ****61.25

DOCUMENT # 725206

1. Entity Name

STAR LAKE NORTH COMMODORE ASSOCIATION, INC.

Principal Place of Business

**19305 N.E. SECOND AVENUE
MIAMI FL 33179**

Mailing Address

**19305 N.E. SECOND AVENUE
MIAMI FL 33179**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1484489

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**LEWIS, LORRAINE
19305 NE 2ND AVENUE
#2319
NORTH MIAMI FL 33179**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,
min. will be \$236.25.**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	DP	<input type="checkbox"/> Delete
NAME	LEWIS, LORRAINE	
STREET ADDRESS	19305 NE 2ND AVE, APT 2319	
CITY-ST-ZIP	MIAMI FL 33179	

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

TITLE	T	<input type="checkbox"/> Delete
NAME	SMALL, ETHEL	
STREET ADDRESS	19305 N.E. 2ND AVE #2305	
CITY-ST-ZIP	MIAMI FL 33179	

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

TITLE	V	<input type="checkbox"/> Delete
NAME	SANTOS, SONIA	
STREET ADDRESS	19305 NE 2ND AVENUE, APT 2303	
CITY-ST-ZIP	MIAMI FL 33179	

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

TITLE	AT	<input type="checkbox"/> Delete
NAME	AHING, GERARD	
STREET ADDRESS	19305 NE 2ND AVE, APT 2307	
CITY-ST-ZIP	MIAMI FL 33179	

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

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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:

*Signature of Lorraine Lewis**8/5/02*

CR2E037 (4/02)