

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 708884

1. Entity Name

SOUTHERN STAR CONDOMINIUM, INC.

FILED

Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90183 006 ****61.25

Principal Place of Business

441 COLLINS AVE
MIAMI BEACH FL 33139-6622

Mailing Address

441 COLLINS AVE
MIAMI BEACH FL 33139-6622

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1259375

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

GALLARDO, YUDENIA
441 COLLINS AVE
APT 3
MIAMI BCH FL 33139

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

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

TITLE PD ☐ Delete
NAME GALLARDO, YUDENIA
STREET ADDRESS 441 COLLINS AVE #3
CITY-ST-ZIP MIAMI BCH FL 33139

TITLE D ☐ Change ☒ Addition
NAME SUSAN M. Hahn
STREET ADDRESS 441 Collins Ave apt 20
CITY-ST-ZIP Miami Beach, FL 33139

TITLE VPD ☐ Delete
NAME KELLY, BILL
STREET ADDRESS 441 COLLINS AVE #20
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME SAMUEL, ANN
STREET ADDRESS 441 COLLINS AVENUE #17
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD ☐ Delete
NAME GERBERG, FLORENCE
STREET ADDRESS 441 COLLINS AVE #8
CITY-ST-ZIP MIAMI BCH FL 33139

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME STARR, JOYCE
STREET ADDRESS 441 COLLINS AVE # 6
CITY-ST-ZIP MIAMI FL 33139

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME VEJRABKA, JIM
STREET ADDRESS 441 COLLINS AVE # 24
CITY-ST-ZIP MIAMI FL 33139

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

YUDENIA GALLARDO
1/3/01

CR2E037 (10/00)