

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90042 041 ****61.25

DOCUMENT # 708884

1. Entity Name

SOUTHERN STAR CONDOMINIUM, INC.



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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	GALLARDO, YUDENIA	441 COLLINS AVE #3	MIAMI BCH FL 33139	<input type="checkbox"/>
VPD	KELLY, BILL	441 COLLINS AVE #20	MIAMI BEACH FL 33139	<input type="checkbox"/>
D	SAMUEL, ANN	441 COLLINS AVENUE #17	MIAMI BEACH FL 33139	<input type="checkbox"/>
STD	GERBERG, FLORENCE	441 COLLINS AVE #8	MIAMI BCH FL 33139	<input type="checkbox"/>
D	STARR, JOYCE	441 COLLINS AVE # 6	MIAMI FL 33139	<input type="checkbox"/>
D	VEJRABKA, JIM	441 COLLINS AVE # 24	MIAMI FL 33139	<input type="checkbox"/>

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)