

2000 UNIFORM BUSINESS REPORT (UBR)

1/25/00 UNIFORM BUSINESS REPORT

DOCUMENT # N98000003969

1. Entity Name

BLUE STAR I CONDOMINIUM ASSOCIATION, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

01-28-2000 90166 029 ***150.00

Principal Place of Business
2129 N.W. 20TH STREET
MIAMI FL 33142

Mailing Address
2129 N.W. 20TH STREET
MIAMI FL 33142-7309

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
65-0853633

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

LOPEZ, JORGE
2129 N.W. 20TH STREET
MIAMI FL 33142

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.

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
NAME
STREET ADDRESS
CITY-ST-ZIP

SD
LOPEZ, MARIBEL
2129 N.W. 20TH STREET
MIAMI FL 33142

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

ID
TORO, JUAN (J)
6311 SW 80 ST
MIAMI FL 33143

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

ID
TORO, JUAN
6311 S.W. 80 ST
MIAMI, FL 33143

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
LOPEZ, JORGE
2129 N.W. 20TH STREET
MIAMI FL 33142

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

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, 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

1-20-2000 305-638-9107

Date

Daytime Phone #

CR2F037 (9/99)