

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2002 8:00 am
Secretary of State

03-04-2002 90008 015 ****61.25

DOCUMENT # N98000003969

1. Entity Name

BLUE STAR I CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

~~2129 N.W. 20TH STREET~~
~~MIAMI FL 33142~~

~~2129 N.W. 20TH STREET~~
~~MIAMI FL 33142~~

2. Principal Place of Business

2032 NW 20 ST

3. Mailing Address

2032 NW 20 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

Zip

33142

Country

Zip

33142

Country

4. FEI Number

65-0853633

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

LOPEZ, JORGE

~~2129 N.W. 20TH STREET~~
~~MIAMI FL 33142~~

Name

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

600 NE 55 ST

City

MIAMI

FL

Zip Code

33137

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 ☐ Delete
 NAME **SD LOPEZ, MARIBEL**
 STREET ADDRESS **2129 N.W. 20TH STREET**
 CITY-ST-ZIP **MIAMI FL 33142**

TITLE ☒ Change ☐ Addition
 NAME **600 NE 55 ST**
 STREET ADDRESS **MIAMI FL. 33137**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **ID TORO, IVAN**
 STREET ADDRESS **6311 SW 80 ST**
 CITY-ST-ZIP **MIAMI FL 33143**

TITLE ☒ Change ☐ Addition
 NAME **TORO JUAN**
 STREET ADDRESS **8270 SW 58 ST**
 CITY-ST-ZIP **MIAMI FL 33143**

TITLE ☐ Delete
 NAME **PD LOPEZ, JORGE**
 STREET ADDRESS **2129 N.W. 20TH STREET**
 CITY-ST-ZIP **MIAMI FL 33142**

TITLE ☒ Change ☐ Addition
 NAME **600 NE 55 ST**
 STREET ADDRESS **MIAMI FL 33137**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/10/02

(305)638-9107

Date

Daytime Phone #

CR2E037 (9/01)