

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

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90954 040 ****61.25

DOCUMENT # N99000004160

1. Entity Name

SOUTH STAR SERVICE CENTER CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**7802 KINGSPONTE PKWY
105
ORLANDO FL 32819
US**

Mailing Address

**7802 KINGSPONTE PKWY
105
ORLANDO FL 32819
US**

2. Principal Place of Business

**7802 KINGSPONTE PKWY
Suite, Apt. #, etc. 208-A**

3. Mailing Address

**P.O. Box 690159
Suite, Apt. #, etc.**

City & State

Orlando FL

City & State

Orlando FL

4. FEI Number

59-3588030

Applied For

Not Applicable

Zip
32819

Country
USA

Zip
32869

Country
USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LOPES, CLAUBER
7802 KINGSPONTE PKWY, SUITE 105
ORLANDO FL 32819**

7. Name and Address of New Registered Agent

Name **LOPES, CLAUBER**

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

5512 Spring Run Ave

City **Orlando**

FL

Zip Code
32819

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

TITLE **PTD** ☒ Delete
NAME **DUARTE, NORBERTOR**
STREET ADDRESS **405 CAMELLIA ST**
CITY-ST-ZIP **CELEBRATION FL 34747**

TITLE **SD** ☐ Delete
NAME **LOPES, CLAUBER C**
STREET ADDRESS **4840 CASON COVE DR APT 203**
CITY-ST-ZIP **ORLANDO FL 32811**

TITLE **VD** ☐ Delete
NAME **CARVALHO, ENIO**
STREET ADDRESS **7810 KINGSPONTE PKWY**
CITY-ST-ZIP **ORLANDO FL 32819**

TITLE **2SD** ☐ Delete
NAME **SADEMBERG, LUIZ**
STREET ADDRESS **7822 KINGSPONTE PKWY**
CITY-ST-ZIP **ORLANDO FL 32819**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **5512 Spring Run Ave**
CITY-ST-ZIP **Orlando FL 32819**

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

TITLE ☐ Change ☐ Addition
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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)(l), 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

RECEIVED

04/01/03

CR2E037 (10/02)