

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Sep 01, 2000 8:00 am  
Secretary of State

09-01-2000 90062 033 \*\*\*\*61.25

DOCUMENT # 737518

1. Entity Name

MARBELLA TOWER OWNERS ASSOCIATION, INC.

R

Principal Place of Business

200 178TH DRIVE  
SUNNY ISLES  
NORTH MIAMI BEACH FL 33160  
US

Mailing Address

200 178TH DRIVE  
SUNNY ISLES  
NORTH MIAMI BEACH FL 33160  
US

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

59-2239890

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

FORTIN, YOLANDE SEC. TR  
200 178TH DRIVE  
# 405  
SUNNY ISLE BEACH FL 33160

7. Name and Address of New Registered Agent

Name

FRANK ORTONE

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

200-178TH DRIVE

Ap. 505

City

SUNNY ISLES

FL

Zip Code  
33160

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

FRANK ORTONE PRESIDENT

8-10-2000

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

After September 13, 2000 min. will be \$236.25

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
P	DEVECCHI, MILTON	200- 178TH DR #707	SUNNY ISLES FL 33160	<input checked="" type="checkbox"/>
VP	LEBLANC, MARY	200 - 178TH DR #301	SUNNY ISLES FL 33160	<input checked="" type="checkbox"/>
ST	FORTIN, YOLANDE	200 - 178TH DR #405	SUNNY ISLES FL 33160	<input checked="" type="checkbox"/>
BD	LOWE, LUCILLE	200 - 178TH DR # 405	SUNNY ISLES FL 33160	<input checked="" type="checkbox"/>
BD	GUIMARRAES, ARCIDES	200 - 178TH DR #503	SUNNY ISLES FL 33160	<input checked="" type="checkbox"/>
BD	ALSOP, JEFF	200 - 178TH DR #402	SUNNY ISLES FL 33160	<input checked="" type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
P	FRANK ORTONE	200 - 178TH DR # 505	SUNNY ISLES FL 33160	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VP	PAOLO TREVISAN	200-178TH DR # 704	SUNNY ISLES FL 33160	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ST	FRANK A. LOPRESTI	200-178TH DR # 710	SUNNY ISLES FL 33160	<input checked="" type="checkbox"/>	<input type="checkbox"/>
BD	AGOSTINO TRIGLIO	200-178TH DR # 701	SUNNY ISLES FL 33160	<input checked="" type="checkbox"/>	<input type="checkbox"/>
BD	JOSEPHINE DEVILCO	200-178TH DR # 301	SUNNY ISLES FL 33160	<input checked="" type="checkbox"/>	<input type="checkbox"/>
BD	SALVATORE J. TRAPANI	200-178TH DR # 602	SUNNY ISLES FL 33160	<input checked="" 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:

FRANK ORTONE  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-10-2000 (305) 343-2825

Date

Daytime Phone #

CR2E037 (5/00)