

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 20, 2001 8:00 am
Secretary of State

06-20-2001 90005 047 ****61.25

DOCUMENT # 737518

1. Entity Name

MARBELLA TOWER OWNERS ASSOCIATION, INC.



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

A0074154



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2239890

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ORTONE, FRANK
 200 178TH DRIVE
 505
 SUNNY ISLE BEACH FL 33160

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

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANK ORTONE	
STREET ADDRESS	200- 178TH DR # 505	
CITY-ST-ZIP	SUNNY ISLES FL- 33160	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARCELO DAVALOS	
STREET ADDRESS	200-178th DR # 503	
CITY-ST-ZIP	SUNNY ISLES FL- 33160	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAIRO RODRIGUEZ	
STREET ADDRESS	200- 178	
CITY-ST-ZIP	SUNNY ISLES FL- 33160	
TITLE	BD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSEPHINE DE VICCO	
STREET ADDRESS	200-178th DR # 301	
CITY-ST-ZIP	SUNNY ISLES FL- 33160	
TITLE	BD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALVATORE Di TRAPANI	
STREET ADDRESS	200-178 DR # 602	
CITY-ST-ZIP	SUNNY ISLES FL-33160	
TITLE	BD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINBA WEHATERFORD	
STREET ADDRESS	200-178th DR # 502	
CITY-ST-ZIP	SUNNY ISLES FL- 33160	

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

04-30-2001

(305) 343-2825

CR2E037 (10/00)