## 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED Feb 21, 2002 8:00 am **DOCUMENT # 739918** Secretary of State 1. Entity Name 02-21-2002 90154 048 \*\*\*\*61.25 MAR VISTA CONDOMINIUM, INC. Principal Place of Business Mailing Address 1000 E CAMINO REAL 1000 E CAMINO REAL # 25 #2B BOCA RATON FL 33432 BOCA RATON-FL 33432 US . . US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State Applied For 06-1073979 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) PACELLI, JOSEPH G JR 1000 E CAMINO REAL **BOCA RATON FL 33432** 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. 2-6-02 SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. **Department of State** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Addition CR2E037 (9/01 TITLE Delete TITLE NAME MCGONIGLE. LAWRENCE STREET ADDRESS STREET ADDRESS 1000 E CAMINO REAL #2A CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** STD ☐ Delete TITLE **C**hange ☐ Addition TITLE PACELLI, JOE NAME NAME STREET ADDRESS 1000 E CAMINO REAL #1A STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **BOCA RATON FL** ☐ Addition ۷D TITLE TITLE ☐ Delete PACELLI, DIANE NAME NAME STREET ADDRESS STREET ADDRESS 1000 E CAMINO REAL #1A CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** ☐ Detete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE NAME STREET ADDRESS 1.00 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE TITLE Change ☐ Delete

12. Thereby 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.

STREET ADDRESS CITY-ST-ZIP

NAME

NAME

STREET ADDRESS

CITY-ST-ZIP