

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N25238

1. Entity Name

MARBELLA PARK HOMEOWNERS' ASSOCIATION, INC.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90042 006 ****61.25

Principal Place of Business

% GOLDMAN % JUDA P.A.
7771 W. OAKLAND BLVD.
FT. LAUDERDALE FL 33351

Mailing Address

% GOLDMAN % JUDA P.A.
7771 W. OAKLAND BLVD.
FT. LAUDERDALE FL 33351

2. Principal Place of Business

8211 W. BROWARD BLVD

3. Mailing Address

8211 W. BROWARD BLVD

Suite, Apt. #, etc.

Suite # PH1 - 5th FL

Suite, Apt. #, etc.

Suite # PH1 - 5th FL

City & State

PLANTATION, FL.

City & State

PLANTATION, FL

Zip

33324

Country

Zip

33324

Country

4. FEI Number

65-0105177

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

JEFFREY A WINIKOFF
% STEIN, ROSENBERG & WINIKOFF, PA
4875 N FEDERAL HWY 7TH FL
FT. LAUDERDALE FL 33308

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	PD	<input type="checkbox"/> Delete
NAME	VERDE, CARLOS	
STREET ADDRESS	8217 NW 199TH TERR	
CITY-ST-ZIP	MIAMI FL	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	ORTEGA, LAZARO	
STREET ADDRESS	8208 NW 201 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ESTRADA, SHARON	
STREET ADDRESS	8236 NW 201 STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, CHERYL	
STREET ADDRESS	19592 NW 83RD COURT	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	THAME, CARL	
STREET ADDRESS	8252 NW 199 TER.	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TENENBAUM, ARI	
STREET ADDRESS	8239 NW 201 ST	
CITY-ST-ZIP	MIAMI, FL 33015	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OVERTON, HERTY	
STREET ADDRESS	8246 NW 201 TERRACE	
CITY-ST-ZIP	MIAMI, FL 33015	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FERNANDEZ, MARCIA	
STREET ADDRESS	8251 NW 198 ST.	
CITY-ST-ZIP	MIAMI, FL 33015	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 CARLOS VERDE

Date

2/18/00 (85) 829-1587

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CF2E037 (9/99)