


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

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90153 003 ****61.25

DOCUMENT # 725749

1. Entity Name
**MARBELLA APARTMENTS CONDOMINIUMS
ASSOCIATION, INC.**



Principal Place of Business Mailing Address

~~900 S.W. 84TH AVE.
MIAMI, FL 33144 US~~ ~~8299 CORAL WAY
MIAMI, FL 33155~~

2. Principal Place of Business 3. Mailing Address

To CARIBBEAN PROPERTY MGMT *To CARIBBEAN PROPERTY MGMT*

Suite, Apt. #, etc. Suite, Apt. #, etc.

12301 SW 132 CT *12301 SW 132 CT*

City & State City & State

MIAMI, FL *MIAMI, FL*



CHECK HERE IF MAKING CHANGES

Zip Country Zip Country

33186 *DADE* *33186* *DADE*

4. FEI Number Applied For

59-1462704 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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6. Name and Address of Current Registered Agent

CARIBBEAN PROPERTY MANAGEMENT
12301 SW 132 COURT, SUITE 102
MIAMI, FL 33186

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

FILE NOW - FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

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Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TD	VAZQUEZ, ORESTES	900 S.W. 84 AVE., APT #203	MIAMI, FL 33144	<input type="checkbox"/>
D	RODRIGUEZ, LUIS	900 SW 84 AVE APT 412	MIAMI, FL 33144	<input type="checkbox"/>
PD	FERNANDEZ-MARCANE, LEONARDO	900 S.W. 84TH AVENUE APT. 316	MIAMI, FL 33144	<input checked="" type="checkbox"/>
SD	FERNANDEZ, CARLOS	900 S W 84TH AVENUE, APT. #216	MIAMI, FL 33144	<input type="checkbox"/>
VPD	ALMEDIA, JULIO	900 SW 8TH AVE APT 312	MIAMI, FL 33144	<input type="checkbox"/>
D	BARRIOS, DANIEL	900 SW 84 AVE	MIAMI, FL 33144	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input checked="" 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)(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: _____ DATE: *02-25-03*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2E037 (10/02)