

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 771304

1. Entity Name

MARIVI, A CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

1630 W. 42 ST.
HIALEAH FL 33012

Mailing Address

1630 W. 42 ST.
HIALEAH FL 33012

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

ESCOBAR, JOSE
1630 W. 42 ST.
HIALEAH FL 33012

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.

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

TITLE D
NAME GOMEZ, JESUS O
STREET ADDRESS 1630 W. 42 ST.
CITY-ST-ZIP HIALEAH FL 33012 ☐ Delete

TITLE TSD
NAME ESTEVEZ, MIDALYS
STREET ADDRESS 1632 W 42 ST
CITY-ST-ZIP HIALEAH FL ☐ Delete

TITLE D
NAME RODRIGUEZ, HAMTEL
STREET ADDRESS 1634 W 42 ST
CITY-ST-ZIP HIALEAH FL ☐ Delete

TITLE S
NAME SANTIAGO, ALBERTO
STREET ADDRESS 1636 W 42 ST
CITY-ST-ZIP HIALEAH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Alberto Santiago

2-28-02

FILED
Mar 12, 2002 8:00 am
Secretary of State

03-12-2002 90024 005 ****61.25

00040500



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0359442 ☐ Applied For ☐ Not Applicable

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

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CR2E037 (9/01)