

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00496

1. Entity Name

THE MARIBEL WAREHOUSE CONDOMINIUM ASSOCIATION, I

**FILED**  
Feb 07, 2001 8:00 am  
Secretary of State

02-07-2001 90160 023 \*\*\*\*61.25

Principal Place of Business

7551 N.W. 70 ST.  
MIAMI FL 33166  
US

Mailing Address

1717 NORTH BAYSHORE DRIVE  
SUITE 103  
MIAMI FL 33132

2. Principal Place of Business

7561 N.W. 70 ST  
Suite, Apt. #, etc.  
Miami FL 33166

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0830323

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

UNITED FINANCIAL PROPERTY MANAGEMENT INC.  
1717 NORTH BAYSHORE DRIVE  
SUITE 103  
MIAMI FL 33132

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	PD	<input checked="" type="checkbox"/> Delete
NAME	BALDOR, JORGE	
STREET ADDRESS	7551 N.W. 70 ST.	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ASUNCION, AURELIO	
STREET ADDRESS	7561 N.W. 70 ST.	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CARRERA, FERNANDO	
STREET ADDRESS	7553 N.W. 70 ST	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	ST	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> ADDITION
NAME	JOSE CENTENO	
STREET ADDRESS	7535 N.W. 70 ST	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/26/01 305-883 7270

CR2E037 (10/00)