

FILED
Aug 22, 2001 8:00 am
Secretary of State

06-27-2001 90004 004 ****75.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **NO1000000044** *WE ARE VERY SORRY FOR THE LATE PAYMENT. THANK YOU.*

1. Entity Name
MARILLI CONDO-ASSOCIATION INC.

Principal Place of Business
2294 53 RD. ST., APT 2294 HIALEAH FL 33016

Mailing Address
2294 53 RD. ST., APT 2294 HIALEAH FL 33016

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number
650113208

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**MENDICOA, JUAN
2294 53 RD. ST., APT 2294
HIALEAH FL 33016**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** Delete
NAME **MENDICOA, JUAN**
STREET ADDRESS **2294 53 RD. ST., APT 2294**
CITY-ST-ZIP **HIALEAH FL 33016**

TITLE Change Addition

TITLE **D** Delete
NAME **MATOS, DIONYS**
STREET ADDRESS **2296 W. 53 ST.**
CITY-ST-ZIP **HIALEAH FL 33016**

TITLE Change Addition

TITLE **D** Delete
NAME **CRUZ, OSVALDO**
STREET ADDRESS **2308 W. 53 ST.**
CITY-ST-ZIP **HIALEAH FL 33016**

TITLE Change Addition

TITLE Delete
NAME **EDMUNDO ZABATA**
STREET ADDRESS **2312 W. 53 ST.**
CITY-ST-ZIP **Hialeah, FL 33016**

TITLE Change Addition

TITLE Delete
NAME **DAFAELA LARRY**
STREET ADDRESS **2302 W. 53 ST.**
CITY-ST-ZIP **Hialeah, FL 33016**

TITLE Change Addition

TITLE Delete

TITLE 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: **SIGN. JUAN MENDICOA** *6-2001 (1305) 822 2590 59K2251*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)