FILED
Feb 24, 2003 8:00 am
Secretary of State
02-03-2003 90041 016 ****61.25

2

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

DOCUMENT # N01000000044

1. Entity Name
Marilili Condo-Association Inc.

55010082

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2296 53Rd St	% CAM Management Srvcs
Street, Apt. #, etc.	Suite, Apt. #, etc. PO Box 5103
City & State: Hialeah Florida	City & State: Hialeah, FL.
Zip: 33016 Country: USA	Zip: 33014-1103 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1113208 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Matos, Dionys

Street Address (P.O. Box Number is Not Acceptable): 2296 W 53 ST

City: Hialeah FL Zip Code: 33016

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: Dionys Matos (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when reinstating) DATE: 01/07/03

FEE IS $61.25 Initial or Amended UBR

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Matos, Dionys (P/D) 2296 W 53 ST Hialeah, FL, 33016	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Cruz, Osvaldo (T/D) 2306 W 53 ST Hialeah, FL 33016	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Zapata, Edmundo (S/D) 2312 W 53 ST Hialeah, FL, 33016	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP **DO NOT WRITE**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Garay, Rafaela (VP) 2302 W 53 ST Hialeah, FL, 33016	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP **IN THIS SPACE**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP

CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Dionys Matos 1/7/03 (305) 826-9191

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #