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

DOCUMENT # N06101

1. Entity Name

MARINA LAKES COMMERCIAL CONDOMINIUM II ASSOCIATION, INC.



FILED Feb 21, 2003 8:00 am Secretary of State

02-21-2003 90253 006 ****61.25

cipal Plac	e of Busines	S	Mailin	g Address							
50 S.W. 72 AVENUE AMI FL 33155				.W. 72 AVENUE FL 33155				e mas _g a c			
				(i A -)							
Principal Place of Business			3. Maii	3. Mailing Address							
Suite, Apt. #, etc. City & State			Su	Suite, Apt. #, etc. City & State			CHECK HERE IF MAKING CHANGES				
			Cit				4. FEI Number 5				lied For Applicat
Zip Country		Ziç	Zip Co		untry				\$8.75 Additional Fee Required		
6. Name and Address of Current Re			ent Registere	gistered Agent			7. Name and Adda	7. Name and Address of New Registered Agent			
		r magazinakan aryent		·	• -	Name	•	-			
CERVANTES, PATRICIO 4850 S.W. 72 AVENUE						Street Addre	ess (P.O. Box Number is N	lot Acceptable)			
MIAMI FL 33155						City			FL Zi	p Code	
he obligat	tions of regist	y submits this statemer lered agent.	it for the purp	oose of changing it	s register	ed office or regi	blood agont, or both, in	inc date of Florida.			
he obligat	tions of regist				TE: Registere	d Agent signature rec	quired when reinstating) \$5.00 May Be Added to Fees	Make (DATE Check Pay	able to	<u> </u>
he obligat	tions of regist	or printed name of registered as	gent and title if app	olicable. (NO 9. Election Ca Trust Fund	TE: Registere ampaign F Contribut	d Agent signature rec	standard when reinstating) \$5.00 May Be Added to Fees	Make (Florida D	DATE Check Pay Departmen	able to	o ate
he obligat	Signature, typed	ered agent. or printed name of registered as	gent and title if app	9. Election Ca Trust Fund	TE: Registere ampaign F Contribut	d Agent signature rec Financing ion.	quired when reinstating)	Make (Florida D	DATE Check Pay Departmen	rable to t of St	o ate
NATURE E ET ADDRESS	Signature, typed FILE NOW PD CERVANTI 4850 S.W.	or printed name of registered as	gent and title if app	olicable. (NO 9. Election Ca Trust Fund	TE: Registere ampaign F Contribut 11. TITLI NAM STRE	d Agent signature rec Financing ion.	standard when reinstating) \$5.00 May Be Added to Fees	Make (Florida D	DATE Check Pay Departmen	able to	o ate
he obligat NATURE . I E E ET ADDRESS ST-ZIP	Signature, typed Signature, typed FILE NOW PD CERVANTI	or printed name of registered at the second of the second	gent and title if app	9. Election Ca Trust Fund	TE: Registere ampaign F Contribut 11. TITLI NAM STRE	d Agent signature red Financing ion. E E EET ADDRESS -ST-ZIP	standard when reinstating) \$5.00 May Be Added to Fees	Make (Florida D	DATE Check Pay Departmen	rable to t of St DRS IN 1 hange	o ate
NATURE	Signature, typed FILE NOW PD CERVANTI 4850 S.W. MIAMI FL TD KALIL, JO	or printed name of registered at the composition of	gent and title if app	9. Election Ca Trust Fund	TE: Registere ampaign F Contribut 11. TITL NAM STRE CITY	d Agent signature rec	\$5.00 May Be Added to Fees ADDITIONS/CHANGE	Make (Florida D ES TO OFFICERS A	Check Pay Departmen	rable to t of St DRS IN 1 hange	o rate
NATURE	Signature, typed FILE NOW PD CERVANTI 4850 S.W. MIAMI FL TD KALIL, JO	or printed name of registered at the second of the second	gent and title if app	9. Election Ca Trust Fund	TE: Registere Ampaign F Contribut 11. TITLL NAM STRE CITY TITLL NAM STRE	d Agent signature rec Financing ion. E E E E E T T T T T T T T T T T T T T	\$5.00 May Be Added to Fees ADDITIONS/CHANGE	Make (Florida D	Check Pay Departmen ND DIRECTO	rable to t of St DRS IN 1 hange	o rate
he obligat NATURE ET ADDRESS ST-ZIP	Signature, typed FILE NOW PD CERVANTI 4850 S.W. MIAMI FL TO KALIL, JO: 4850 S.W. MIAMI FL	or printed name of registered at the second of the second	gent and title if app	9. Election Ca Trust Fund	TE: Registere Ampaign F Contribut 11. TITLL NAM STRE CITY TITLL NAM STRE	d Agent signature rec	\$5.00 May Be Added to Fees ADDITIONS/CHANGE	Make (Florida D	Check Pay Departmen	rable to t of St DRS IN 1 hange	o cate O Addit
he obligat NATURE ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP	Signature, typed FILE NOW PD CERVANTI 4850 S.W. MIAMI FL TO KALIL, JO: 4850 S.W. MIAMI FL	or printed name of registered at the second of the second	gent and title if app	9. Election Ca Trust Fund	TE: Registere ampaign F Contribut 11. TITLI NAM STRE CITY TITLI NAM SAM CITY TITLI	d Agent signature rec	\$5.00 May Be Added to Fees ADDITIONS/CHANGE	Make (Florida D	Check Pay Departmen	prable to t of St DRS IN 1 hange	o cate
he obligat NATURE . E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E E E E E E E E E E E E	Signature, typed FILE NOW PD CERVANTI 4850 S.W. MIAMI FL TD KALIL, JO: 4850 S.W. MIAMI FL D SINGER, I	or printed name of registered at the second of the second	gent and title if app	9. Election Ca Trust Fund	TE: Registere ampaign F Contribut 11. TITLI NAM STRE CITY TITLI NAM SARE CITY TITLI NAM	d Agent signature rec	\$5.00 May Be Added to Fees ADDITIONS/CHANGE	Make (Florida D	Check Pay Departmen	prable to t of St DRS IN 1 hange	o cate O Addit
he obligat NATURE ET ADDRESS -ST-ZIP E ADDRESS -ST-ZIP E ET ADDRESS	FILE NOW PD CERVANTI 4850 S.W. MIAMI FL TD KALIL, JO: 4850 S.W. MIAMI FL D SINGER, I 4866 SW	or printed name of registered at the second of the second	gent and title if app	9. Election Ca Trust Fund	TE: Registere ampaign F Contribut 11. TITLI NAM STRE CITY TITLI NAM SAM CITY TITLI NAM STRE	d Agent signature rec	\$5.00 May Be Added to Fees ADDITIONS/CHANGE	Make (Florida D	Check Pay Departmen	prable to t of St DRS IN 1 hange	o cate O Addit
he obligat NATURE ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP	Signature, typed FILE NOW PD CERVANTI 4850 S.W. MIAMI FL TD KALIL, JO: 4850 S.W. MIAMI FL D SINGER, I	or printed name of registered at the second of the second	gent and title if app	9. Election Ca Trust Fund Delete	TE: Registere Impaign F Contribut 11. TITLI NAM STRE CITY TITLI NAM STRI CITY TITLI NAM STRI CITY	d Agent signature rec Financing Fina	\$5.00 May Be Added to Fees ADDITIONS/CHANGE	Make (Florida D	Check Pay Departmen	rable to tof St DRS IN 1 hange hange	o ate O Addit
he obligat NATURE ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	FILE NOW PD CERVANTI 4850 S.W. MIAMI FL TD KALIL, JO: 4850 S.W. MIAMI FL D SINGER, I 4866 SW	or printed name of registered at the second of the second	gent and title if app	9. Election Ca Trust Fund	TE: Registere Impaign F Contribut 11. TITLI NAM STRE CITY TITLI NAM STRI CITY TITLI NAM STRI CITY TITLI NAM STRI CITY TITLI	d Agent signature rec Financing Fina	\$5.00 May Be Added to Fees ADDITIONS/CHANGE	Make (Florida D	Check Pay Departmen	prable to t of St DRS IN 1 hange	o ate O Addit
NATURE	FILE NOW PD CERVANTI 4850 S.W. MIAMI FL TD KALIL, JO: 4850 S.W. MIAMI FL D SINGER, I 4866 SW	or printed name of registered at the second of the second	gent and title if app	9. Election Ca Trust Fund Delete	TE: Registere Impaign F Contribut 11. TITLI NAM STRE CITY TITLI NAM STRIC CITY TITLI NAM STRIC CITY TITLI NAM STRIC CITY TITLI NAM	d Agent signature rec Financing Fina	\$5.00 May Be Added to Fees ADDITIONS/CHANGE	Make (Florida D	Check Pay Departmen	rable to tof St DRS IN 1 hange hange	o cate O Addit

12. I hereby certify that the information supplied with this filling 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 his 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.

CITY-ST-ZIP

TITLE

NAME

TITLE NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

FOUSDUIRED 2-1

☐ Delete

☐ Delete

03 3051dol-1569

CR2E037 (10/0

☐ Addition

☐ Addition

☐ Change