

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N22859

1. Entity Name

MARBELLA CONDOMINIUM ASSOCIATION II, INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90090 036 ****61.25

Principal Place of Business

Mailing Address

9341 COLLINS AVENUE
 SURFSIDE FL 33154-2600

9341 COLLINS AVENUE
 SURFSIDE FL 33154-2624



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0131797

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANS, LOURDES
17094 COLLINS AVE.
A-406
MIAMI BEACH FL 33160

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

DATE

Lourdes Sans
 1/13/00

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 **P** Delete
 NAME **RAFAEL SUAREZ**
 STREET ADDRESS **9341 COLLINS AVE #308**
 CITY-ST-ZIP **SURFSIDE FL**

TITLE **P.** Change Addition
 NAME **LEOPOLDO BADAGA**
 STREET ADDRESS **9341 COLLINS AV. #308**
 CITY-ST-ZIP **SURFSIDE, FL 33154**

TITLE **S** Delete
 NAME **COHEN, LOUIS**
 STREET ADDRESS **9341 COLLINS AVE # 1008**
 CITY-ST-ZIP **SURFSIDE FL**

TITLE **S.** Change Addition
 NAME **CARLOS PEREZ**
 STREET ADDRESS **9341 COLLINS AV #505**
 CITY-ST-ZIP **SURFSIDE, FL 33154**

TITLE **T** Delete
 NAME **WILLIAM WILSON**
 STREET ADDRESS **9341 COLLINS AVE, #701**
 CITY-ST-ZIP **SURFSIDE FL**

TITLE **VP.** Change Addition
 NAME **JACOB BEJAR**
 STREET ADDRESS **9341 COLLINS AV. #305**
 CITY-ST-ZIP **SURFSIDE, FL 33154**

TITLE **D** Delete
 NAME **ISIDORO CALDERON**
 STREET ADDRESS **9341 COLLINS AVE, #803**
 CITY-ST-ZIP **SURFSIDE FL 33154**

TITLE **VP.** Change Addition
 NAME **FIDEL NAPOLES**
 STREET ADDRESS **9341 COLLINS AV. #404**
 CITY-ST-ZIP **SURFSIDE, FL 33154**

TITLE **VP** Delete
 NAME **PEREZ, CARLOS**
 STREET ADDRESS **9341 COLLINS AVE #505**
 CITY-ST-ZIP **SURFSIDE FL 33154**

TITLE **D** Change Addition
 NAME **FRANK GARCIA**
 STREET ADDRESS **9341 COLLINS AV #601**
 CITY-ST-ZIP **SURFSIDE, FL 33154**

TITLE **D** Delete
 NAME **IRENE KITE**
 STREET ADDRESS **9341 COLLINS AVE, #1202**
 CITY-ST-ZIP **SURFSIDE FL**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Leopoldo Badaga
Leopoldo Badaga

Date

Daytime Phone #

1/19/00

CR2E037 (9/99)