

**2001 UNIFORM BUSINESS REPORT (UBR)**

1/22/01

**FILED**  
**Feb 09, 2001 8:00 am**  
**Secretary of State**

01-22-2001 90116 022 \*\*\*\*61.25

**DOCUMENT # N22859**

1. Entity Name  
**MARBELLA CONDOMINIUM ASSOCIATION II, INC.**

Principal Place of Business      Mailing Address

**9341 COLLINS AVENUE**      **9341 COLLINS AVENUE**  
**SURFSIDE FL 33154-2600**      **SURFSIDE FL 33154-2600**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For

**65-0131797**       Not Applicable

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

    



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

**SANS, LOURDES**  
**17094 COLLINS AVE.**  
**A-408**  
**MIAMI BEACH FL 33160**

Name: **SANS, LOURDES**  
 Street Address (P.O. Box Number is Not Acceptable): **1849 S. Ocean Dr. # 1203**  
**Hallandale Beach, FL 33009**  
 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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

**FILE NOW: FEE IS \$61.25**      **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME P LADAGA, LEOPOLDO 9341 COLLINS AVE #306 SURFSIDE FL	<input type="checkbox"/> Delete	TITLE NAME President LOUIS COHEN 9341 Collins Ave, # 1008 Surfside, FL 33154	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME S PEREZ, CARLOS 9341 COLLINS AVE # 1008 SURFSIDE FL	<input type="checkbox"/> Delete	TITLE NAME Secretary Irene Kite 9341 Collins Ave # 1202	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME WILLIAM WILSON 9341 COLLINS AVE, #701 SURFSIDE FL	<input type="checkbox"/> Delete <b>(D)</b>	TITLE NAME Treasurer Oscar Olchyk 9341 Collins Ave # 508 Surfside, FL 33154	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME VP BEJAR, JACOB 9341 COLLINS AVE, #803 SURFSIDE FL 33154	<input type="checkbox"/> Delete	TITLE NAME Vice President Fidel Napoles 9341 Collins Ave # 404 Surfside, FL 33154	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME D GARCIA, FRANK 9341 COLLINS AVE #505 SURFSIDE FL 33154	<input type="checkbox"/> Delete	TITLE NAME Vice President Alessandro Salamone 9341 Collins Ave # 406 Surfside, FL 33154	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>(D)</b>
TITLE NAME D IRENE KITE 9341 COLLINS AVE, #1202 SURFSIDE FL	<input type="checkbox"/> Delete	TITLE NAME ALBERT TRICOMI 9341 COLLINS AVE #504 SURFSIDE, FL 33154	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>(D)</b>

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 reports 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**      1/14/01 (305) 868-5208

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

CR2037 (10/00)