

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2002 8:00 am
Secretary of State

02-08-2002 90014 039 ****61.25

DOCUMENT # N22859
 1. Entity Name
MARBELLA CONDOMINIUM ASSOCIATION II, INC.

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| Principal Place of Business 9341 COLLINS AVENUE SURFSIDE FL 33154-2600 | Mailing Address 9341 COLLINS AVENUE SURFSIDE FL 33154-2600 |
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| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
| City & State | City & State |
| Zip Country | Zip Country |



DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 65-0131797 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent SANS, LOURDES 1849 S OCEAN 2DR #1203 HALLANDALE FL 33009 | 7. Name and Address of New Registered Agent Name Oscar Olchyk Street Address (P.O. Box Number is Not Acceptable) 9341 Collins Ave. #508 City Surfside FL Zip Code 33154 |
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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: *Oscar Olchyk, Treasurer* DATE: *01/20/02*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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| FILE NOW: FEE IS \$61.25 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P LADAGA, LEOPOLDO 9341 COLLINS AVE #306 SURFSIDE FL | TITLE NAME STREET ADDRESS CITY-ST-ZIP | President Louis Cohen 9341 Collins Ave. #1008 Surfside, FL 33154 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S PEREZ, CARLOS 9341 COLLINS AVE # 1008 SURFSIDE FL | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Vice-President Fidel Napoles 9341 Collins Ave #404 Surfside, FL 33154 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T WILLIAM WILSON 9341 COLLINS AVE, #701 SURFSIDE FL | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Oscar Olchyk, Treasurer 9341 Collins Ave. #508 Surfside, FL 33154 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP BEJAR, JACOB 9341 COLLINS AVE, #803 SURFSIDE FL 33154 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Lynette Vantuno, Secretary 9341 Collins Ave. #402 Surfside, FL 33154 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GARCIA, FRANK 9341 COLLINS AVE #505 SURFSIDE FL 33154 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director Jacobo Bejar 9341 Collins Ave. #305 Surfside, FL 33154 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D IRENE KITE 9341 COLLINS AVE, #1202 SURFSIDE FL | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director Irene Kite 9341 Collins Ave. #1202 Surfside, FL 33154 |

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: *Oscar Olchyk, Treasurer* DATE: *01/20/02* DAYTIME PHONE #: *805-867-5887*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)