

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

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90179 006 ****61.25

DOCUMENT # *N 33234*

1. Entity Name

*MAJORCA PLAZA CONDOMINIUM
ASSOCIATION, INC.*



00001043

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

C/O GUARANTEE MANAGEMENT
Suite, Apt. #, etc.
7200 N.W. 7 ST. #300

3. Mailing Address

C/O GUARANTEE MANAGEMENT
Suite, Apt. #, etc.
7200 N.W. 7 ST. #300

DO NOT WRITE IN THIS SPACE

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number
65-0243575

Applied For
Not Applicable

Zip Country
33126 USA

Zip Country
33126 USA

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 *STEVE FEIN, ESQ.*
Street Address (P.O. Box Number is Not Acceptable)
900 SOUTH STATE RD 7
PLANTATION
City *FL* Zip Code *33317*

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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	<i>P/D</i>
NAME	<i>URIBARRI, JOSE R.</i>
STREET ADDRESS	<i>49 MAJORCA AVE #201</i>
CITY-ST-ZIP	<i>CORAL GABLES, FL 33134</i>
TITLE	<i>V.P./D.</i>
NAME	<i>GRANJA MAGDA</i>
STREET ADDRESS	<i>49 MAJORCA AVE #203</i>
CITY-ST-ZIP	<i>CORAL GABLES, FL 33134</i>
TITLE	<i>S/D</i>
NAME	<i>RAFIELD JUANITA</i>
STREET ADDRESS	<i>49 MAJORCA AVE #504</i>
CITY-ST-ZIP	
TITLE	<i>T/D</i>
NAME	<i>FLORES, DELIA</i>
STREET ADDRESS	<i>49 MAJORCA AVE #402</i>
CITY-ST-ZIP	<i>CORAL GABLES, FL 33134</i>
TITLE	<i>D/D</i>
NAME	<i>BEAUPERTHUY, DELIA</i>
STREET ADDRESS	<i>49 MAJORCA AVE #503</i>
CITY-ST-ZIP	<i>CORAL GABLES, FL 33134</i>

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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information indicated on this report is true and correct. 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 officer-like empowered.

SIGNATURE: *Jose Uribarri*

4/15/03

CR2E037B (12/02)