

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000067192

1. Entity Name  
MARABELLA WEST DEVELOPMENT CORP.

**FILED**  
**Mar 03, 2002 8:00 am**  
**Secretary of State**  
03-03-2002 90133 049 \*\*\*158.75

0238985 AV

Principal Place of Business  
1320 SOUTH DIXIE HIGHWAY.. STE 870  
CORAL GABLES FL 33146

Mailing Address  
1320 SOUTH DIXIE HIGHWAY.. STE 870  
CORAL GABLES FL 33146



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

65-1101426

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional -  
Fee Required

6. Name and Address of Current Registered Agent

KAY, MARK W ESQ  
1320 SOUTH DIXIE HIGHWAY., STE 870  
CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

Name

CESAR DEL RAY

Street Address (P.O. Box Number is Not Acceptable)

1395 S.E. 8th

City

Hialeah

FL

Zip Code

33010

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

*[Signature]*

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

(NOTE: Registered Agent signature required when reinstating)

2/18/02

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD  
NAME DEL RAY, CESAR  
STREET ADDRESS 1395 S.E. 8TH COURT  
CITY-ST-ZIP HIALEAH FL 33010

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)