FOR PROFIT CORPORATION

FILED

	UNIFORM BUSINESS REPORT (UB	R
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DOCUMENT #P49000102371 03 SEP 24 PM 12: 43 1. Entity Name SECRETARY OF STATE TALLAHASSEE, FLORIDA MARENA ESTATES INCORPORATED DO NOT WRITE IN THIS SPACE REMSTATEMENT 02-03 2. Principal Place of Business 3. Mailing Address 2100 PONCE DE LEON BLVD 2100 PONCE DE LEON BLVD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SUITE 600 SUITE 600 4. FEI Number City & State City & State Applied For CORAL GABLES FLORIDA CORAL GABLES, FLORIDA 65-0971731 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 33134 USA 33134 USA Fee Required 7. Name and Address of Current Registered Agent DO NOT WRITE IN THIS SPACE JORGE GURIAN Street Address (P.O. Box Number is Not Acceptable)
2100 PONCE DE LEON BOULEVARD 600 Zip Code 33134 GABLES 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 ure, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 \$5.00 May Be 9. Election Campaign Financing Amended UBR is \$61.25 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS CR2E034B (12/02) TITLE TITLE NAME MARTINEZ, ROBERTO NAME **000023304700** 09/24/03--01057--001 **30 2100 PONCE DE LEON BLVD., #600 STREET ADDRESS STREET ADDRESS **300.00 CITY - ST - ZIP CORAL GABLES, FL 33134 CITY - ST - ZIP TITLE TITLE NAME MARTINEZ, ROBERTO SANDOVAL NAME 2100 PONCE DE LEON BLVD., #600 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CORAL GABLES, FL 33134 CITY - ST - ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE IN THIS SPACE CITY - ST - ZIP CITY - ST - ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP TITI E TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

CITY - ST - ZIP

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ROBERTO MARTINEZ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-279-4101

Date

Daytime Phone #

CITY - ST - ZIP

Jorge L. Gurian, P.A.

September 23, 2003

Division of Corporations State of Florida 409 East Gaines Street Tallahassee, FL 32399

Re: Marena Estates Incorporated (P99000102371)

To Whom It May Concern:

Enclosed please the find the Uniform Business Report for Marena Estates Incorporated for 2003. This report had not been filed previously because the principal officer/director had never received the renewal package during calendar year 2002 or 2003. Upon becoming informed of the need to file a Uniform Business Report, he of course was willing to comply with same and as such we provide the enclosed in conjunction with payment for the years 2002 and 2003.

We therefore respectfully request that you accept this filing as timely and classify the corporation as active and in accordance with the rules and regulations of the State of Florida. In addition, we have taken measures to ensure that this issue does not occur in subsequent years by correcting the address for the company and the registered agent information.

Thank you very much for your anticipated understanding and cooperation in this matter.

Very truly yours,

ÍÓRGE L. GURIAN

Enclosure