# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Feb 27, 2003 8:00 am**
**Secretary of State**
02-27-2003 90153 003 ****61.25

DOCUMENT # 725749

1. Entity Name
**MARBELLA APARTMENTS CONDOMINIUMS ASSOCIATION, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| ~~900 S.W. 84TH AVE.~~ | ~~8299 CORAL WAY~~ |
| ~~MIAMI, FL 33144~~ ~~US~~ | ~~MIAMI, FL 33155~~ |

☑ CHECK HERE IF MAKING CHANGES

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| % CARIBBEAN PROPERTY MGMT | % CARIBBEAN PROPERTY MGMT |
| Suite, Apt. #, etc.: 12301 SW 132 CT | Suite, Apt. #, etc.: 12301 SW 132 CT |
| City & State: MIAMI, FL | City & State: MIAMI, FL |
| Zip: 33186 Country: DADE | Zip: 33186 Country: DADE |

4. FEI Number: 59-1462704 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| CARIBBEAN PROPERTY MANAGEMENT<br>12301 SW 132 COURT, SUITE 102<br>MIAMI, FL 33186 | Name:<br>Street Address (P.O. Box Number is Not Acceptable):<br>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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW. FEE IS $61.25**

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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>VAZQUEZ, ORESTES<br>900 S.W. 84 AVE., APT #203<br>MIAMI, FL 33144 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>RODRIQUEZ, LUIS<br>900 SW 84 AVE APT 412<br>MIAMI, FL 33144 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>FERNANDEZ-MARCANE, LEONARDO<br>900 S.W. 84TH AVENUE APT. 316<br>MIAMI, FL 33144 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>FERNANDEZ, CARLOS<br>900 S W 84TH AVENUE, APT. #215<br>MIAMI, FL 33144 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>ALMEDIA, JULIO<br>900 SW 8TH AVE APT 312<br>MIAMI, FL 33144 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BARRIOS, DANIEL<br>900 SW 84 AVE<br>MIAMI, FL 33144 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☑ Addition |

CR2E037 (10/02)

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:** _____ 02-25-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)