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

DOCUMENT # 770558

1. Entity Name

FUTURA GABLES CONDOMINIUM ASSOCIATION

FILED
02 OCT 28 PM 4:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300008636513
10/28/02--01122--006 **61.25

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2. Principal Place of Business	3. Mailing Address
7040 S.W. 24TH ST.	7154-B S.W. 47TH ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City-State-Zip: MIAMI, FLORIDA	City-State-Zip: MIAMI, FLORIDA
Zip: MIAMI-DADE 33155	County: MIAMI-DADE

4. FEI Number 65-0202208 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: CADICORP MANAGEMENT GROUP

Street Address (P.O. Box Number is Not Acceptable): 7154-B S.W. 47TH STREET

City: MIAMI FL 33155

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 _____ 10-23-2002
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 Department of State

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT-DIRECTOR
NAME	JOSEFA M. VELIS
STREET ADDRESS	7040 S.W. 24 STREET # 208
CITY-ST-ZIP	
TITLE	VICE-PRESIDENT - D
NAME	ERIC COMPAGNIONI
STREET ADDRESS	7040 S.W. 24 STREET
CITY-ST-ZIP	MIAMI, FLORIDA
TITLE	VICE-PRESIDENT- D
NAME	RAFAEL VASQUEZ
STREET ADDRESS	7040 S.W. 24 STREET # 311
CITY-ST-ZIP	MIAMI, FLORIDA
TITLE	TREASURER-DIRECTOR
NAME	JULIO YON
STREET ADDRESS	7040 S.W. 24 STREET
CITY-ST-ZIP	MIAMI, FLORIDA
TITLE	SECRETARY-DIRECTOR
NAME	BEATRIZ MOREJON
STREET ADDRESS	7040 S.W. 24 STREET # 109
CITY-ST-ZIP	MIAMI, FLORIDA
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ JOSEFA VELIS 10-23-2002 305-668-4800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE TELEPHONE NUMBER