

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N23577

1. Entity Name

THE GABLES II TOWNHOMES CONDOMINIUM ASSOCIATION.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90135 047 ****61.25

Principal Place of Business 300 ARAGON AVENUE SUITE 205 CORAL GABLES FL 33134 US	Mailing Address 300 ARAGON AVENUE SUITE 205 CORAL GABLES FL 33134-5040 US
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001004



DO NOT WRITE IN THIS SPACE

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 65-0031457	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SANCHEZ, JUAN A
10691 N KENDALL DR STE 310
MIAMI FL 33176

7. Name and Address of New Registered Agent

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

SIGNATURE: [Signature] DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent 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 Department of State

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROJAS, ELSA 8530 NW 3 LANE #1 MIAMI FL 33126	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RAMOS, JOSE L 8550 NW 3 LANE #303- MIAMI FL 33126	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ZAMBRANA, JUAN C 325 NW 84 CT #4 MIAMI FL 33126	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VICHOT, TERRY 8530 NW 3 LN #10 MIAMI FL 33126	<input checked="" type="checkbox"/> Delete <i>Delete</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BONILLA, ROBERT 301 NW 84 CT #7 MIAMI FL 33126	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Director</i> JOSEFINA AMARO 350 NW 84 COURT MIAMI FL 33126	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>Add</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: [Signature] *Elsa Rojas, President 1/19/00 (305) 447-0904*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)