

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 01, 2002 8:00 am**  
**Secretary of State**

02-01-2002 90027 016 \*\*\*\*61.25

**DOCUMENT # N23577**

1. Entity Name

**THE GABLES II TOWNHOMES CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**300 ARAGON AVENUE  
 SUITE 205  
 CORAL GABLES FL 33134  
 US**

**300 ARAGON AVENUE  
 SUITE 205  
 CORAL GABLES FL 33134  
 US**

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

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

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

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
 NAME ROJAS, ELSA  
 STREET ADDRESS 8530 NW 3 LANE #1  
 CITY-ST-ZIP MIAMI FL 33126 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD  
 NAME RAMOS, JOSE L  
 STREET ADDRESS 8550 NW 3 LANE #303  
 CITY-ST-ZIP MIAMI FL 33126 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD  
 NAME ZAMBRANA, JUAN C  
 STREET ADDRESS 325 NW 84 CT #4  
 CITY-ST-ZIP MIAMI FL 33126 ☐ Delete

TITLE Director  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☒ Change ☐ Addition

TITLE D  
 NAME AMARO, JOSEFINA  
 STREET ADDRESS 350 NW 84 CT  
 CITY-ST-ZIP MIAMI FL 33126 ☐ Delete

TITLE Secretary Director  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☒ Change ☐ Addition

TITLE VD  
 NAME BONILLA, ROBERT  
 STREET ADDRESS 301 NW 84 CT #7  
 CITY-ST-ZIP MIAMI FL 33126 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/02 305-266-1980

Date

Daytime Phone #

CR2E037 (9/01)