

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000037

1. Entity Name

GABRIELLA CONDOMINIUM NORTH ASSOCIATION, INC.

**FILED**  
**Feb 15, 2000 8:00 am**  
**Secretary of State**

02-15-2000 90053 027 \*\*\*\*70.03

Principal Place of Business

15165 N.W. 77TH AVENUE  
SUITE 1002  
MIAMI FL 33105

Mailing Address

15165 N.W. 77TH AVENUE  
SUITE 1002  
MIAMI FL 33014-7825

2. Principal Place of Business

15476 NW 77 CT

3. Mailing Address

15476 NW 77 CT

Suite, Apt. #, etc.

# 418

Suite, Apt. #, etc.

# 418

City & State

Miami Lakes, Oh

City & State

Miami Lakes, Oh

Zip

33016

Country

USA

Zip

33016

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0898760

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

PANDO, DOMINGO  
15165 N.W. 77TH AVENUE  
SUITE 1002  
MIAMI FL 33105

7. Name and Address of New Registered Agent

Name Yashmina Portes

Street Address (P.O. Box Number is Not Acceptable)  
18391 NW 75 Pass

City

Miami

FL

Zip Code

33015

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

*Yashmina Portes*

2/8/2000

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE PTD  
NAME DOMINGO, PANDO  
STREET ADDRESS 15165 N.W. 77TH AVENUE, SUITE 1002  
CITY-ST-ZIP MIAMI FL 33105 ☒ Delete

TITLE VPSPD  
NAME EMILIO, PANDO  
STREET ADDRESS 15165 N.W. 77TH AVENUE, SUITE 1002  
CITY-ST-ZIP MIAMI FL 33014 ☒ Delete

TITLE D  
NAME ROLDAN, DOMINGO  
STREET ADDRESS 15165 N.W. 77TH AVENUE, SUITE 1002  
CITY-ST-ZIP MIAMI FL 33014 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P/O  
NAME trishof Reyes  
STREET ADDRESS 18390 NW 75 Pass Miami, FL  
CITY-ST-ZIP 33015 ☒ Change ☐ Addition

TITLE S/O  
NAME Karina Rivera  
STREET ADDRESS 18396 NW 76 Place Miami, FL  
CITY-ST-ZIP 33015 ☒ Change ☐ Addition

TITLE T/O  
NAME Yashmina Portes  
STREET ADDRESS 18391 NW 75 Pass Miami, FL  
CITY-ST-ZIP 33015 ☒ Change ☐ Addition

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

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

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:

*Yashmina Portes*

2/8/2000

305-418-1410

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)