

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000038

1. Entity Name

GABRIELLA CONDOMINIUM CENTER ASSOCIATION, INC.

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

07-19-2000 90025 019 ****61.25

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

7627 NW 182ND LANE
Suite, Apt. #, etc.

3. Mailing Address

c/o Unlimited MGMT
P.O. Box 440067

City & State

Miami, FL

City & State

Miami, FL

Zip
33015

Country
USA

Zip
33144

Country
USA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PANDO, DOMINGO
15165 N.W. 77TH AVENUE
SUITE 1002
MIAMI FL 33015

7. Name and Address of New Registered Agent

Name: PETRONILA RODRIGUEZ
Street Address (P.O. Box Number is Not Acceptable):
7627 NW 182ND LANE
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

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	<input checked="" type="checkbox"/> Delete
NAME	PANDO, DOMINGO	
STREET ADDRESS	15165 NW 77TH AVE. #1002	
CITY-ST-ZIP	MIAMI FL 33014	
TITLE	VPSD	<input checked="" type="checkbox"/> Delete
NAME	PANDO, EMILIO	
STREET ADDRESS	15165 NW 77TH AVE. #1002	
CITY-ST-ZIP	MIAMI FL 33014	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RONDAN, DOMINGO	
STREET ADDRESS	15165 NW 77TH AVE. #1002	
CITY-ST-ZIP	MIAMI FL 33014	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Director, President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Petronila (Patty) Rodriguez	
STREET ADDRESS	7627 NW 182ND LANE	
CITY-ST-ZIP	MIAMI, FL 33015	
TITLE	DIRECTOR V. PRESIDENTE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTO GARCIA	
STREET ADDRESS	7635 NW 182ND	
CITY-ST-ZIP	MIAMI, FL 33015	
TITLE	Director, Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Odalis Almanzar	
STREET ADDRESS	7635 NW 183 TER	
CITY-ST-ZIP	MIAMI, FL 33015	
TITLE	DIRECTOR TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUTH A. AQUINO	
STREET ADDRESS	7673 NW 183 TER	
CITY-ST-ZIP	MIAMI, FL 33015	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E037 (9/99)