

2001 UNIFORM BUSINESS REPORT (UBR)

07-17-2001 90005 033 **** 150:00
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DOCUMENT # P99000048133
1. Entity Name
GABLES CATALONIA, INC.

FILED
01 JUL 25 PM 1:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **5200 BLUE LAGOON DRIVE SUITE 700 MIAMI FL 33126**
Mailing Address: **5200 BLUE LAGOON DRIVE SUITE 700 MIAMI FL 33126**

2. Principal Place of Business: **283 Catalonia Avenue**
Suite, Apt. #, etc.:
2nd Floor
City & State: **Coral Gables, FL**
Zip: **33134** Country: **U.S.A.**

3. Mailing Address: **283 Catalonia Avenue**
Suite, Apt. #, etc.:
2nd Floor
City & State: **Coral Gables, FL**
Zip: **33134** Country: **U.S.A.**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
MIMAI CORPORATE SYSTEMS, INC.
5200 BLUE LAGOON DRIVE SUITE 700 MIAMI FL 33126

7. Name and Address of New Registered Agent
Name: **Miami Corporate Systems, Inc.**
Street Address (P.O. Box Number is Not Acceptable): **283 Catalonia Avenue, 2nd Floor**
City: **Coral Gables** FL Zip Code: **33134**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE: D	<input type="checkbox"/> Delete
NAME: RASCO, RAMON E	
STREET ADDRESS: 5200 BLUE LAGOON DRIVE SUITE 700	
CITY-ST-ZIP: MIAMI FL 33126	
TITLE: D	<input type="checkbox"/> Delete
NAME: REININGER, STEVEN R	
STREET ADDRESS: 5200 BLUE LAGOON DRIVE SUITE 700	
CITY-ST-ZIP: MIAMI FL 33126	
TITLE: D	<input type="checkbox"/> Delete
NAME: PEREZ, LUIS A	
STREET ADDRESS: 5200 BLUE LAGOON DRIVE SUITE 700	
CITY-ST-ZIP: MIAMI FL 33126	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: Rasco, Ramon E.	
STREET ADDRESS: 283 Catalonia Avenue, 2nd Floor	
CITY-ST-ZIP: Coral Gables, FL 33134	
TITLE: D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: Reininger, Steven R.	
STREET ADDRESS: 283 Catalonia Avenue, 2nd Floor	
CITY-ST-ZIP: Coral Gables, FL 33134	
TITLE: D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: Perez, Luis A.	
STREET ADDRESS: 283 Catalonia Avenue, 2nd Floor	
CITY-ST-ZIP: Coral Gables, FL 33134	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addit
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block changed, or on an attachment with an address and all other files empowered.

SIGNATURE: _____ **SIGNATURE REQUIRED** _____
Date: _____ Daytime Phone #: **(305) 476-7100**

CR2E034 (5/01)