2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2001 8:00 am
Secretary of State
01-25-2001 90160 042 ****61.25

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DOCUMENT # 725837

1. Entity Name

GABLES NORTH CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
234 ANTIQUERA AVENUE APT #8 CORAL GABLES FL 33134 US	234 ANTIQUERA AVENUE APT #8 CORAL GABLES FL 33134 US

703959

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
GABLES NORTH Cond	234 ANTIQUERA
Suite, Apt. #, etc. 8	Suite, Apt. #, etc. SAME
City & State CORAL GABLES	City & State
Zip 33134 Country FLORIDA	Zip Country

4. FEI Number 23-7305141 ☐ 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
PASCUL, ROSETTE 234 ANTIQUERA, #8 CORAL GABLES FL 33134	Name Street Address (P.O. Box Number is Not Acceptable) [redacted] 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 [redacted]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Jan. 19 / 2001

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	S ~~LIVEPOOD, JAMES~~ 234 AUTIQUERA CORAL GABLES FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PA NOVA, MIREYA 234 ANTIQUERA #5 CORAL GABLES FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD TD PASCUL, ROSETTE 234 ANTIQUERA APT 8 CORAL GABLES FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD VD FISHER, BARBARA 234 ANTIQUERA #3 CORAL GABLES FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Member At Large ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP VP GUERRA, JOE 2201 BRICKELL AVE. #35 MIAMI FL 33129	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DAVID ~~SCALIA~~ SCALIA 234 ANTIQUERA CORAL GABLES FLA 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Member At Large ☐ Change ☒ Addition

CR2E037 (10/00)

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 Rosette Pascul TREASURER Jan 17 / 2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 305 56 [illegible]