03 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 MAY -2 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100017906577
05/02/03--01087--019 **61.25

DOCUMENT # 725837

1. Entity Name

GABLES NORTH CONDOMINIUM ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
GABLES NORTH COND.	234 ANTIQUERA AVENUE
Suite, Apt. #, etc.: APT. #8	Suite, Apt. #, etc.: APT. #8
City & State: CORAL GABLES, FL	City & State: CORAL GABLES, FL
Zip: 33134 Country: USA	Zip: 33134 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 23-7305141 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: PASCUL, ROSETTE

Street Address (P.O. Box Number is Not Acceptable): 234 ANTIQUERA

#8

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. I am familiar with, and accept the obligations of registered agent.

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

FEE IS $61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	TITLE	
NAME	NOVA, MIREYA	NAME	
STREET ADDRESS	234 ANTIQUERA #5	STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES, FL 33134	CITY - ST - ZIP	
TITLE	TSD	TITLE	
NAME	PASCUL, ROSETTE	NAME	
STREET ADDRESS	234 ANTIQUERA #8	STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES, FL 33134	CITY - ST - ZIP	
TITLE	VD	TITLE	
NAME	FISHER, BARBARA	NAME	
STREET ADDRESS	234 ANTIQUERA #3	STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES, FL 33134	CITY - ST - ZIP	**DO NOT WRITE IN THIS SPACE**
TITLE	VP	TITLE	
NAME	GUERRA, JOE	NAME	
STREET ADDRESS	234 ANTIQUERAN #1	STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES, FL 33134	CITY - ST - ZIP	
TITLE	P	TITLE	
NAME	ANASTASIA GARCIA	NAME	
STREET ADDRESS	234 ANTIQUERA #6	STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES, FL 33134	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ ANASTASIA GARCIA 04/29/03 305-461-5885
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

STF FL32380F.1