

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 726296

1. Entity Name:

THE GABLES BATH CLUB APARTMENTS, INC.

FILED
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90002 012 ****61.25

Principal Place of Business

Mailing Address

700 CORAL WAY
 CORAL GABLES FL 33134

700 CORAL WAY
 CORAL GABLES FL 33134-4880

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1567217

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

KALLICHE, ANTHONY A., ESQ.
 BECKER, POLIAKOFF, STREITFELD, P.A.
 3111 STIRLING ROAD
 FORT LAUDERDALE FL 33312-6525

7. Name and Address of New Registered Agent

Name

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD Delete
 NAME BECK, HAROLD
 STREET ADDRESS 700 CORAL WAY
 CITY-ST-ZIP CORAL GABLES FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE TD Delete
 NAME ANDREWS, JOHN
 STREET ADDRESS 700 CORAL WAY
 CITY-ST-ZIP CORAL GABLES FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VD Delete
 NAME LOUSSINIAN, EDUARDO
 STREET ADDRESS 700 CORAL WAY
 CITY-ST-ZIP CORAL GABLES FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D Delete
 NAME ELLIOTT, DONALD
 STREET ADDRESS 700 CORAL WAY
 CITY-ST-ZIP CORAL GABLES FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D Delete
 NAME GOLDSTEIN, LEONARD
 STREET ADDRESS 700 CORAL WAY
 CITY-ST-ZIP CORAL GABLES FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE S Delete
 NAME SOLOMON, ADVIENNE
 STREET ADDRESS 700 CORAL WAY
 CITY-ST-ZIP CORAL GABLES FL

TITLE Change 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:

John F. Andrews
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #