

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 27, 2001 8:00 am**  
**Secretary of State**

07-27-2001 90003 011 \*\*\*\*61.25

**DOCUMENT # 726296**  
 1. Entity Name  
**THE GABLES BATH CLUB APARTMENTS, INC.**

Principal Place of Business      Mailing Address  
**700 CORAL WAY**      **700 CORAL WAY**  
**CORAL GABLES FL 33134**      **CORAL GABLES FL 33134**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
 Zip      Country      Zip      Country

4. FEI Number **59-1567217**      Applied For  
 Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
**KALICHE, 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**After September 12, 2001, min. will be \$236.25**

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	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>BECK, HAROLD</b>	
STREET ADDRESS	<b>700 CORAL WAY</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>ANDREWS, JOHN</b>	
STREET ADDRESS	<b>700 CORAL WAY</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>LOUSSINIAN, EDUARDO</b>	
STREET ADDRESS	<b>700 CORAL WAY</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ELLIOTT, DONALD</b>	
STREET ADDRESS	<b>700 CORAL WAY</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GOLDSTEIN, LEONARD</b>	
STREET ADDRESS	<b>700 CORAL WAY</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>SOLOMON, ADVIENNE</b>	
STREET ADDRESS	<b>700 CORAL WAY</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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	
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	
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: *ANTHONY A. KALICHE*      7-24-01      305-442-1075

CR2E037 (5/01)