

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 08, 2000 8:00 am**  
**Secretary of State**

02-08-2000 90137 046 \*\*\*\*61.25

**DOCUMENT # 736355**

1. Entity Name

**GABLES WAY CONDOMINIUM, INC.**

Principal Place of Business

Mailing Address

650 CORAL WAY  
 CORAL GABLES FL 33116-6014

650 CORAL WAY  
 CORAL GABLES FL 33134-7548  
 US

D0015955



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1699421

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

7. Name and Address of New Registered Agent

**ORTEGA, JOSE A**  
**C/O YOYA LAND CORPORATION**  
**704 SW 17TH AVENUE, SUITE 1**  
**MIAMI FL 33135**

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	VPD	<input type="checkbox"/> Delete
NAME	REISERT, MEL	
STREET ADDRESS	650 CORAL WAY, STE 507	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PALENZUELA, SOFIA	
STREET ADDRESS	650 CORAL WAY, STE. 203	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ESPEJO, OLGA	
STREET ADDRESS	650 CORAL WAY, STE. 303	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	BM	<input type="checkbox"/> Delete
NAME	BURBAGE, JEAN	
STREET ADDRESS	650 CORAL WAY, STE. 204	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	BM	<input type="checkbox"/> Delete
NAME	VILLAMIL, ALBERTO	
STREET ADDRESS	650 CORAL WAY, STE. 304	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sofia I. Palenzuela* 1/28/00 305)669-5715