

# 2001 UNIFORM BUSINESS REPORT (UBR)

0004288 AF

DOCUMENT # **A98000001276**

1. Entity Name

**GABLES ON THE GREEN LIMITED GROUP**

**FILED**

01 APR -2 AM 11:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

C/O MR. OSCAR ROGER  
626 CORAL WAY, SUITE 16  
CORAL GABLES FL 33134

Mailing Address

C/O MR. OSCAR ROGER  
626 CORAL WAY, SUITE 16  
CORAL GABLES FL 33134

2. Principal Place of Business

550 Biltmore Way

3. Mailing Address

550 Biltmore Way

Suite, Apt. #, etc.

Suite 1210

Suite, Apt. #, etc.

Suite 1210

City & State

Coral Gables

City & State

Coral Gables, FL

4. FEI Number

65-0843157

Applied For

Not Applicable

Zip

33134

Country US

Zip

33134

Country

US

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MARTIN, PEDRO A ESQ.  
C/O GREENBERG, TRAUIG, ET AL  
1221 BRICKELL AVENUE  
MIAMI FL 33131

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

9. Capital Contributions  
as Shown on record.

**\$3,300,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT # **P96000079760**  
NAME **GABLES ON THE GREEN HOLDINGS, INC.**  
STREET ADDRESS **626 CORAL WAY, SUITE 16**  
CITY-ST-ZIP **CORAL GABLES FL 33134**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/29/01  
Date

305/448-4091  
Daytime Phone #

CR2E003 (11/00)