

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

A99000000860

1. Entity Name

Gables Catalonia, Ltd.

FILED

01 SEP 12 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
5200 Blue Lagoon Drive  
Suite 700  
Miami, FL 33126

Mailing Address  
5200 Blue Lagoon Drive  
Suite 700  
Miami, FL 33126

2. Principal Place of Business  
283 Catalonia Avenue

3. Mailing Address  
283 Catalonia Avenue

Suite, Apt. #, etc.  
2nd Floor

Suite, Apt. #, etc.  
2nd Floor

City & State

City & State

Coral Gables, FL

Coral Gables, FL

Zip  
33134

Country

U.S.A.

Zip  
33134

Country

U.S.A.

4. FEI Number

65-0923468

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

7. Name and Address of New Registered Agent

Miami Corporate Systems, Inc.  
5200 Blue Lagoon Drive, Suite 700  
Coral Gables, FL 33126

Name

Miami Corporate Systems, Inc.

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

283 Catalonia Avenue, 2nd Floor

City

Coral Gables

FL

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.

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.

\$396,000.00

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 # P99000048133  
NAME Gables Catalonia, Inc.  
STREET ADDRESS 5200 Blue Lagoon Drive, SUITE 700  
CITY-ST-ZIP Miami, FL 33126

13. ADDRESS CHANGES ONLY

STREET ADDRESS 283 Catalonia Avenue, 2nd Floor  
CITY-ST-ZIP Coral Gables, FL 33134

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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

Date

Daytime Phone #

7/10/01 (305) 476-7100

CR2E003 (11/00)