## 2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

## Mar 07, 2002 8:00 am Secretary of State K70918 **DOCUMENT #** 1. Entity Name GABLES PROPERTIES, INC. 03-07-2002 90025 026 \*\*\*150.00 Mailing Address Principal Place of Business POST OFFICE BOX 65-0969 14 NAVARRE AVENUE, #27 CORAL GABLES FL 33134-9901 MIAMI FL 33265-0969 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0111192 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ENCISO, ROSA MA Street Address (P.O. Box Number is Not Acceptable) 14 NAVARRE AVENUE, #27 CORAL GABLES FL 33134-9901 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition TITLE Delete TITLE Change ichiari. Richardo r NAME NAME 14 NAVARRE AVENUE. #27 STREET ADDRESS STREET ADDRESS CORAL GABLES FL 33134 CITY-ST-ZIP CITY-ST-ZIP ۷D ☐ Change ☐ Addition TITLE ☐ Delete TITLE GALLAGHER, BERTA NAME NAME 14 NAVARRE AVENUE, #27 STREET ADDRESS STREET ADDRESS CORAL GABLES FL 33134 CITY-ST-ZIP CITY-ST-ZIP VD - 1/2 - 1/2 - 2/2 - 2/2 - 2/2 - 2/2 - 2/2 Change \_ = Addition. TITLE Delete de Paredes, gaspar g NAME NAME 14 NAVÁRRE AVENUE, #27 STREET ADDRESS STREET ADDRESS CORAL GABLES FL 33134 CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE enciso. Rosa ma NAME NAME 14 NAVARRE AVENUE, #27 STREET ADDRESS STREET ADDRESS CORAL GABLES FL 33134 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete TITLE ☐ Addition TITLE MUXO. MARIA LUISA NAME NAME STREET ADDRESS 14 NAVARRE AVENUE. #27 STREET ADDRESS CORAL GABLES FL 33134 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

**FILED**