

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000004323

1. Entity Name
GABLES PARK TOWER, LLC

Principal Place of Business
1220 SOUTH GREENWAY DRIVE
CORAL GABLES FL 33134

Mailing Address
1220 SOUTH GREENWAY DRIVE
CORAL GABLES FL 33134

FILED

01 MAY -1 PM 5:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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, FL

City & State
Coral Gables, FL

Zip Country
33134 USA

Zip Country
33134 USA

4. FEI Number
56-0999381

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPDIRECT AGENTS
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE FL 32301

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.

(NOT: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

20000428712-4
-05/22/01--01093--003
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE President ☐ Delete
NAME Roger, Oscar
STREET ADDRESS 550 Biltmore Way, Suite 1210
CITY-ST-ZIP Coral Gables, FL. 33134

TITLE PD ☐ Change ☐ Addition
NAME Roger, Oscar
STREET ADDRESS 550 Biltmore Way, Suite 1210
CITY-ST-ZIP Coral Gables, FL. 33134

TITLE VPS ☐ Delete
NAME Castro, Mayren R.
STREET ADDRESS 550 Biltmore Way, Suite 1210
CITY-ST-ZIP Coral Gables, FL. 33134

TITLE VPS ☐ Change ☐ Addition
NAME Castro, Mayren R.
STREET ADDRESS 550 Biltmore Way, Suite 1210
CITY-ST-ZIP Coral Gables, FL. 33134

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Mayren R. Castro Mayren R. Castro 4/27/01 305/448-4091
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

0000585 AF

CR2E083 (11/00)