

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000005463**

1. Entity Name  
**GABLES VENTURES, L.L.C.**

FILED

00 JAN 14 PM 4:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
2655 LE JEUNE RD  
STE 1110  
CORAL GABLES FL 33134

Mailing Address  
2655 LE JEUNE RD  
STE 1110  
CORAL GABLES FL 33134-5802



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

**65-0952786**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**POZO-DIAZ, MARTHA**  
8000 WEST FLAGLER STREET, STE 203  
MIAMI FL 33144

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 \$50.00**  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

| TITLE | NAME                      | STREET ADDRESS                         | CITY-ST-ZIP            | <input type="checkbox"/> Delete |
|-------|---------------------------|--|------------------------|---------------------------------|
| MGRM  | <b>ACEVEDO, ARMANDO</b>   | 2655 LEJEUNE RD, STE 1110              | CORAL GABLES FL 33134  | <input type="checkbox"/>        |
| MGRM  | <b>Miguel Espinosa Jr</b> | 2655 LeJeune Rd #1110                  | CORAL Gables, FL 33134 | <input type="checkbox"/>        |
| MGRM  | <b>Marcia Mendiola</b>    | 3282 <del>LeJeune Rd</del> Riviera Dr. | CORAL Gables, FL 33134 | <input type="checkbox"/>        |
|       |                           |  |                        | <input type="checkbox"/>        |
|       |                           |  |                        | <input type="checkbox"/>        |
|       |                           |  |                        | <input type="checkbox"/>        |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> |
|-------|------|----------------|-------------|---------------------------------|--------------------------|
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/> |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/> |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/> |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/> |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/> |

**000003112460--5**  
-01/27/00--01023--012  
\*\*\*\*\*55.00 \*\*\*\*\*55.00

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: **Marcia Mendiola**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

1-12-2000 305-445-252

Date

Daytime Phone #