

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # **L99000005463**

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

FILED

01 MAR 19 PM 1:28

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~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

69 Merrick Way
Suite, Apt. #, etc. *206*

3. Mailing Address

3282 Riviera Dr
Suite, Apt. #, etc.

City & State
Coral Gables

City & State
Coral Gables, FL

4. FEI Number **65-0952786**

Applied For
Not Applicable

Zip *33134* Country *USA*

Zip *33134* Country *USA*

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

6. Name and Address of Current Registered Agent

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES Change Addition

TITLE NAME Delete
MGRM ACEVEDO, ARMANDO
STREET ADDRESS **2655 LEJEUNE RD, STE 1110**
CITY-ST-ZIP **CORAL GABLES FL**

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
MGRM ESPINESA, MIGUEL JR.
STREET ADDRESS **2655 LE JEUNE RD**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

200003909362-00
-03/26/01--01089--007
*******55.00 *****55.00**

TITLE NAME Delete
MGRM MENDIOLA, MARCIA
STREET ADDRESS **3282 RIVIERA DRIVE**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
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 *Marcia Mendiola* **REQUIRED** *3-10-2001 305-445-2525*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)