

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000008104

1. Entity Name

HACIENDA IN GABLES CONDO ASSOCIATION, INC.

Principal Place of Business

1400 SALZEDO ST.
SUITE 110
CORAL GABLES FL 33134

Mailing Address

1400 SALZEDO ST.
SUITE 110
CORAL GABLES FL 33134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1060575

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHELTON, SUSANA
123 MADEIRA AVE
SUITE 101
CORAL GABLES FL 33134

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME RIGAU, MARY
STREET ADDRESS 1400 SALZEDO ST #
CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Delete

TITLE VD
NAME RODRIGUEZ, BLANCA
STREET ADDRESS 1400 SALZEDO ST #
CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Delete

TITLE TSD
NAME ROSAS, ROLPH
STREET ADDRESS 1400 SALZEDO ST
CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Delete

TITLE D
NAME VILLAR, PEDRO F
STREET ADDRESS 1400 SALZEDO ST, STE 110
CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Delete

TITLE D
NAME VILLAR, MARIA J
STREET ADDRESS 1400 SALZEDO ST, STE 110
CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90021 028 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)