

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90203 012 \*\*\*\*61.25

DOCUMENT # **N00999**

1. Entity Name

**GARDENS ON THE BAY OWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**6484 INDIAN CREEK DR.  
 MIAMI BEACH FL 33141**

**6484 INDIAN CREEK DR.  
 MIAMI BEACH FL 33141-5825**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2388042**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BEDZOW KORN KAN & GLASER  
 20803 BISCAYNE BLVD  
 STE 200  
 AVERNTURA FL 33180**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	HERNANDEZ, SOBEIDA	
STREET ADDRESS	3580 S.W. 127 AVE.	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LAVAREZ, MARTA	
STREET ADDRESS	919 NW 23 CT	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MEDEROS, HILDA	
STREET ADDRESS	6484 INDIAN CREEK DR. #322	
CITY-ST-ZIP	MIAMI BEACH FL 33124	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MARGARITA, SIERRA	
STREET ADDRESS	6484 INDIAN CREEK DR., #316	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	ASD	<input checked="" type="checkbox"/> Delete
NAME	PLANAS, MARIA R	
STREET ADDRESS	6484 INDIAN CREEK DR., #231	
CITY-ST-ZIP	MIAMI BEACH FL 33124	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Treasury	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pedro Villarrio	
STREET ADDRESS	6484 Indian Creek Dr # 226	
CITY-ST-ZIP	Miami Beach, FL 33141	
TITLE	ASD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Enrique Peret	
STREET ADDRESS	6484 Indian Creek Dr # 130	
CITY-ST-ZIP	Miami Beach, FL 33141	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]* **REQUIRED**

4/18/2000

(352) 864-9892