2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 26, 2001 8:00 am
Secretary of State
07-10-2001 90126 040 *****8.75
07-26-2001 90002 050 ****52.50

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

DO NOT WRITE IN THIS SPACE

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 59-2388042 ☐ 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
GLAZER, ERIC M 1920 EAST HALLANDALE BEACH BLVD. 8TH FL., CORPORATE PLACE HALLANDALE FL 33009	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 Marta Alvarez MARTA ALVAREZ July 06 - 2001
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
After September 12, 2001, min. will be $236.25

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VP HERNANDEZ, SOBEIDA 3580 S.W. 127 AVE. MIAMI FL 33175	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT (D) ALVAREZ MARTA. 6484 INDIAN CREEK DR. AP. 108 MIAMI B. FLORIDA 33141	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LAVAREZ, MARTA 919 NW 23 CT MIAMI FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT. (D) PEDRO VILORIO 6484 INDIAN CREEK DR. AP 226 M. BEACH FLORIDA 33141.	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MEDEROS, HILDA 6484 INDIAN CREEK DR. #322 MIAMI BEACH FL 33124	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY HERNANDEZ SOBEIDA (D) 3580 S.W. 127 AVE MIAMI. FL. 33175	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T VILLORIS, PEDRO 6484 INDIAN CREEK DR., #316 MIAMI BEACH FL 33141	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURE (D) MEDEROS HILDA 6484 INDIAN CREEK DR. AP 322 MIAMI BEACH FL. 33141	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ASD PERET, ENRIQUE 6484 INDIAN CREEK DR., #231 MIAMI BEACH FL 33124	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ASIS. SECRETARY. (T) PEREZ ENRIQUE 6484 INDIAN CREEK DR. AP. 235 MIAMI BEACH FL. 33141	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (5/01)

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: Marta Alvarez MARTA ALVAREZ July 06/01 305-864-9892
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #