

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N07022

FILED
Feb 13, 2003
Secretary of State

Entity Name: GABLES POINT I CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O MIAMI MANAGEMENT, INC.
14275 SW 142 AVENUE
MIAMI, FL 33186

New Principal Place of Business:

C/O CARIBBEAN PROPERTY MANAGMENT
12301 SW 132 COURT
MIAMI, FL 33186

Current Mailing Address:

C/O MIAMI MANAGEMENT, INC.
14275 SW 142 AVENUE
MIAMI, FL 33186

New Mailing Address:

C/O CARIBBEAN PROPERTY MANAGMENT
12301 SW 132 COURT
MIAMI, FL 33186

FEI Number: 59-2600784

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRIAI, CARLOS A ESQ.
999 PONCE DE LEON BLVD.
SUITE 1110
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MERINO, MARIA E
Address: 4575 SW 68 CT. CIR. #8
City-St-Zip: MIAMI, FL 33155

Title: STD () Delete
Name: LICEA, ROSA
Address: 4510 S.W. 68TH CT. CIR. #4
City-St-Zip: MIAMI, FL 33155

Title: VPD () Delete
Name: HERRERA, NANCY
Address: 4510 SW 68 CT CIR #5
City-St-Zip: MIAMI, FL 33155

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA MERINO

P

02/13/2003

Electronic Signature of Signing Officer or Director

_____ Date