

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90010 010 ****61.25

DOCUMENT # N13073

1. Entity Name

GABLES POINT III CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

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

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

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

59-2629077

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

RIAY, CARLOS
39 PONCE DE LEON BLVD
STE 1110
CORAL GABLES FL 33134

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 **STD** ☒ Delete
NAME **RUIZ, ANA**
STREET ADDRESS **6860 SW 45 LANE #8**
CITY-ST-ZIP **MIAMI FL 33155**

TITLE **STD** ☒ Change ☐ Addition
NAME **DIEGUEZ, LOURDES**
STREET ADDRESS **4590 SW 68 CT. CIR., #9**
CITY-ST-ZIP **MIAMI, FL 33155**

TITLE **VPD** ☒ Delete
NAME **SORI, HENRY F**
STREET ADDRESS **6865 SW 45 LANE #6**
CITY-ST-ZIP **MIAMI FL 33155**

TITLE **VPD** ☒ Change ☐ Addition
NAME **HENSCHER, MARK A.**
STREET ADDRESS **6870 SW 45 LANE, #5**
CITY-ST-ZIP **MIAMI, FL 33155**

TITLE **PD** ☒ Delete
NAME **ALONSO, MARIA**
STREET ADDRESS **6840 SW 45 LN #3**
CITY-ST-ZIP **MIAMI FL 33155**

TITLE **PD** ☒ Change ☐ Addition
NAME **VAN TASSEL, JEANNE**
STREET ADDRESS **4590 SW 68 CT. CIR., #7**
CITY-ST-ZIP **MIAMI FL 33155**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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TITLE ☐ Change ☐ 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 of Maria Alonso, PRES. 4-16-02 305-378-0130

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)