

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N20361

1. Entity Name

GABLES GROVES HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3648 SW 16TH TERR
MIAMI FL 33145

3634 SW 16 TERR
MIAMI FL 33145
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

65-0110853

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

GONZALEZ, ARMANDO
3634 SW 16 TERR
MIAMI FL 33145

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 ☐ Delete
NAME D
STREET ADDRESS NUBIA, FLORES
CITY-ST-ZIP 3628 S.W. 16TH TERRACE
MIAMI FL

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

TITLE ☒ Delete
NAME P
STREET ADDRESS GUERRA, JESUS
CITY-ST-ZIP 3622 SW 16TH TERR
MIAMI FL 33145

TITLE ☐ Change ☐ Addition
NAME D.
STREET ADDRESS Garcia-Serra, Lidia
CITY-ST-ZIP 3636 SW 16 Terrace
Miami, Florida, 33145

TITLE ☐ Delete
NAME D
STREET ADDRESS GONZALEZ, ARMANDO
CITY-ST-ZIP 3634 SW 16 TERRACE
MIAMI FL

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

TITLE ☐ Delete
NAME D
STREET ADDRESS POLO, NESTOR
CITY-ST-ZIP 3648 SW 16 TERR
MIAMI FL

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

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

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 REQUIRED

Armando Gonzalez

02/19/02

(305) 643-3131

FILED
Mar 03, 2002 8:00 am
Secretary of State

03-03-2002 90078 027 ****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)