

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90224 005 *****61.50

0043127

DOCUMENT # N20413

1. Entity Name

THE GABLES I TOWNHOMES CONDOMINIUM ASSOCIATION,

Principal Place of Business

Mailing Address

C/O GUARANTEE MANAGEMENT SERVICES, INC.
111 FONTAINEBLEAU BLVD.
MIAMI FL 33172

C/O GUARANTEE MANAGEMENT SERVICES, INC.
111 FONTAINEBLEAU BLVD.
MIAMI FL 33172

2. Principal Place of Business

C/O Caribbean Property

3. Mailing Address

C/O Caribbean Property management

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10850 SW 113th pl. Suite 215

10850 SW 113th pl. Suite 215

City & State

City & State

MIAMI FL

MIAMI FL

Zip

Country

Zip

Country

33176

USA

33176

USA

6. Name and Address of Current Registered Agent

4. FEI Number

59-1531464

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name

Jonathan Rubin

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

536 Biltmore Way

City

Coral Gables

FL

Zip Code

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	ARANZAEZ, CARLOS	
STREET ADDRESS	375 NW 85TH PLACE STE 3	
CITY-ST-ZIP	MIAMI FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	DEL SOL, HECTOR	
STREET ADDRESS	365 NW 85 COURT #08	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	COSTA, ENRIQUE	
STREET ADDRESS	375 NW 85TH PLACE, #6	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	D	<input type="checkbox"/> Delete
NAME	JIMENEZ, JENNIE	
STREET ADDRESS	370 NW 85TH COURT #7	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Aranzaez, Carlos	
STREET ADDRESS	375 NW 85 pl # 3	
CITY-ST-ZIP	MIAMI, FL 33126	
TITLE	VPD/TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jimenez, Jennie	
STREET ADDRESS	370 NW 85ct #7	
CITY-ST-ZIP	MIAMI, FL 33126	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Martinez, Olbia	
STREET ADDRESS	375 NW 85 pl # 1	
CITY-ST-ZIP	MIAMI, FL 33126	
TITLE		<input 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		<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 Jennie Jimenez

Date

Daytime Phone #

CR2E037 (10/00)