

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N27833

1. Entity Name

GABLES LAROC CONDOMINIUM ASSOCIATION, INC.

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90052 042 ****61.25

Principal Place of Business

Mailing Address

441 VALENCIA AVE
CORAL GABLES FL 33134
US

441 VALENCIA AVE
CORAL GABLES FL 33134-5768
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0105755

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

HERTZ, BARBARA
441 VALENCIA AVE
APT 1001
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

No Signature

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	D	☐ Delete
NAME	WEIDENBAUM, ROBERT	
STREET ADDRESS	441 VALENCIA AVE PENTHOUSE	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	TD	☐ Delete
NAME	HERZOG, WILLIAM	
STREET ADDRESS	441 VALENCIA #901	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	PD	☐ Delete
NAME	HERTZ, BARBARA	
STREET ADDRESS	441 VALENCIA AVE 1001	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Barbara Hertz 1/22/00 (305-874-2138)