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\*1FILED  
Sep 17, 2001 8:00 am  
Secretary of State

08-17-2001 90001 027 \*\*\*\*61.25

01-25-2001 90001 047 \*\*\*\*61.25

## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N27833

1. Entity Name

GABLES LAROC CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

441 VALENCIA AVE  
1001  
CORAL GABLES FL 33134  
US441 VALENCIA AVE  
CORAL GABLES FL 33134  
US

78318



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

441 Valencia Ave.

441 Valencia Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1001

1001

City &amp; State

City &amp; State

Coral Gables, Fl.

Coral Gables, Fl. 33134

Zip

Country

Zip

Country

33134

USA

33134

USA

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

30F8J4-2138

FILE NOW: FEE IS \$81.25  
After September 12, 2001, min. will be \$236.259. Election Campaign Financing  
Trust Fund Contribution.\$5.00 May Be  
Added to FeesMake Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D Vice Pres. / Trust  
NAME WEIDENBAUM, ROBERT  
STREET ADDRESS 441 VALENCIA AVE PENTHOUSE  
CITY-ST-ZIP CORAL GABLES FL 33134TITLE D Tracy KEDYK (est.)  
NAME 441 Valencia Ave. #401  
STREET ADDRESS Coral Gables, Fl. 33134  
CITY-ST-ZIPTITLE TD  
NAME HERZOG, WILLIAM  
STREET ADDRESS 441 VALENCIA #901  
CITY-ST-ZIP CORAL GABLES FLTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE PD  
NAME HERTZ, BARBARA President  
STREET ADDRESS 441 VALENCIA AVE 1001  
CITY-ST-ZIP CORAL GABLES FL 33134TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/14/2001

Date

30F8J4-2138

Daytime Phone #

CR2E037 (5/01)