

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 195000000358

1. Entity Name
GABLES TERRACE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
 2351 S.W. 37th Ave. 2299 S.W. 37th Ave.
 Miami, FL 33145 4th Floor
 Miami, FL 33145

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

4. FEI Number Applied For
 65-0362324 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MURAI WALD B.
900 INGRAHAM BUILDING
25 S.W. 2ND AVENUE
MIAMI, FL 33131

7. Name and Address of New Registered Agent
 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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	DP SOSA, ALEJANDRO H. 2299 S.W. 37TH AVE., 4TH FLOOR MIAMI, FL 33145 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRAGA, ANTONIO O. 2299 S.W. 37TH AVE., 4TH FLOOR MIAMI, FL 33145 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VARGAS, VICTOR I. 1221 BRICKELL AVE. MIAMI, FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/VP FRAGA, ANTONIO O. 2299 S.W. 37TH AVE., 4TH FLOOR MIAMI, FL 33145 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P FRAGA, ANTONIO O. 2299 S.W. 37TH AVE., 4TH FLOOR MIAMI, FL 33145 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/T/S YIP, ANTONIO 2299 S.W. 37TH AVE., 4TH FLOOR MIAMI, FL 33145 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____ Date: 4/12/01 Daytime Phone #: 305-443-2508
 SIGNATURE AND TYPED OR PRINTED NAME OF AGING OFFICER OR DIRECTOR X26

05-24-2001 90492 032 *****61.25
 FILED NO5000000358
 01 AUG -3 PM 10:28
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
553870

DO NOT WRITE IN THIS SPACE

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