

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 24, 2002 8:00 am**  
**Secretary of State**

03-24-2002 90006 031 \*\*\*\*61.25

**DOCUMENT # N97000005566**

1. Entity Name

**GABRIELLA CONDOMINIUM SOUTH ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

~~7010 NW 182 LANE~~  
 MIAMI FL 33015  
 US

~~P.O. BOX 44067~~  
~~MIAMI FL 33144~~

2. Principal Place of Business

3. Mailing Address

**7610 NW 182 LANE**

**UNLIMITED MGMT**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**M/**

**PO BOX 44067**

City & State

City & State

**MIAMI FL**

**MIAMI FL**

Zip

Zip

**33015**

**33144**

Country

Country

**USA**

4. FEI Number

**65-0852469**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HERNANDEZ, LUIS C**  
**937 A SW 87 AVE**  
**MIAMI FL 33174**

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	P/D	<input checked="" type="checkbox"/> Delete
NAME	<del>SOTO, JIMMY</del>	
STREET ADDRESS	<del>7616 NW 182 LANE</del>	
CITY-ST-ZIP	<del>MIAMI-FL-33015</del>	
TITLE	S/D	<input checked="" type="checkbox"/> Delete
NAME	<del>RODRIGUEZ, ALTAGRAGIA</del>	
STREET ADDRESS	<del>7674 NW 182 LANE</del>	
CITY-ST-ZIP	<del>MIAMI FL 33015</del>	
TITLE	T/D	<input checked="" type="checkbox"/> Delete
NAME	<del>MARRERO, JOSE O</del>	
STREET ADDRESS	<del>7610 NW 182 LANE</del>	
CITY-ST-ZIP	<del>MIAMI-FL-33015</del>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jose Marrero	
STREET ADDRESS	7610 NW 182 Lane	
CITY-ST-ZIP	Miami, FL 33015	
TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Yolanda Rodriguez	
STREET ADDRESS	7602 NW 182 Lane	
CITY-ST-ZIP	Miami, FL 33015	
TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Yolanda Yanis	
STREET ADDRESS	7589 NW 182 Terrace	
CITY-ST-ZIP	Miami, FL 33015	
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:

*Jose O. Marrero*

2-25-02

TEL: 826-3767

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)