

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001692

1. Entity Name

ANABAH GARDENS CONDOMINIUM ASSOCIATION, INC.

FILED
Sep 06, 2001 8:00 am
Secretary of State

02-28-2001 90084 004 ****61.25

Principal Place of Business

8187 NW 8TH STREET,STE.309
MIAMI FL 33126

Mailing Address

8187 NW 8TH STREET,STE.309
MIAMI FL 33126

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

APPLIED FOR

65-1122925

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

FUXA DEL CRISTO, MARIA I ESQ.
782 N.W. 42 AVE.,STE.319
MIAMI FL 33126

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
After September 12, 2001, min. will be \$236.25

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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DPT GONZALEZ, RAMON 8187 NW 8TH STREET,STE.309 MIAMI FL 33126	<input type="checkbox"/>		<input type="checkbox"/>
DVPS GONZALEZ, JESUS R 8187 NW 8TH STREET,STE.309 MIAMI FL 33126	<input type="checkbox"/>		<input type="checkbox"/>
D GONZALEZ, ABEL A 8187 NW 8TH STREET,STE.309 MIAMI FL 33126	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Ramon Gonzalez
REGISTERED AGENT REQUIRED

8/26/01 305 223639
305 7853509

CR2E037 (5/01)