

2001 UNIFORM BUSINESS REPORT (U.B.R.)

PAP 1042
COPY

DOCUMENT # P00000047861

1. Entity Name
GABLES SQUARE HOLDINGS, INC.

FILED

01 JUL 10 PM 2:49

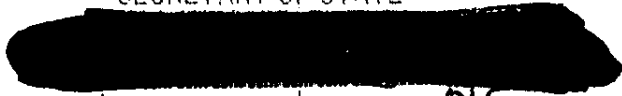
SECRETARY OF STATE

Principal Place of Business
**2800 DOUGLAS ROAD #204
CORAL GABLES FL 33134**

Mailing Address
**2800 DOUGLAS ROAD #204
CORAL GABLES FL 33134**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip



DO NOT WRITE IN THIS SPACE
03/27/01 90057 015 150.0

4. FEI Number
65-1005357

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

6. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent
Name
JUAN LOUMIET - GREENBERG TRaurig
Street Address (P.O. Box Number is Not Acceptable)
1221 BRICKELL AVENUE
City **MIAMI** FL Zip Code **33131**

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 Juan Loumiet DATE 3/6/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D X. FRANCISCO ROSALES 2800 DOUGLAS ROAD #204 CORAL GABLES FL 33134	<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
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT ROSALES, X. FRANCISCO 2600 DOUGLAS ROAD, SUITE 204 CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS LEVITT, STEVEN T. 2600 DOUGLAS ROAD, SUITE 204 CORAL GABLES, FL 33134	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12, if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X. Francisco Rosales DATE: 2/28/01 (305)444-1620
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Trammell Crow Company

Page 2 of 2

July 9, 2001

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

RE: Gables Square Holding, Inc.
Document # P00000047861

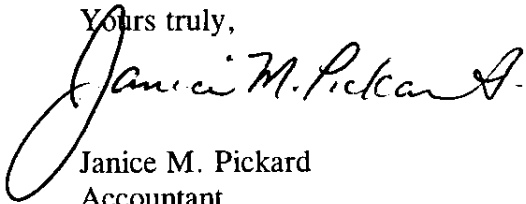
Dear Division of Corporations:

Please find enclosed a revised 2001 Uniform Business Report for Gables Square Holdings, Inc. Your department informed me, that our original report that was received on March 28, 2001 did not have our FEI number on it. Due to that error, the paperwork was not processed but our check was deposited.

Please waive the late fee since we did file on time.

If you need any additional information, I can be reached at 305-444-1620.

Yours truly,


Janice M. Pickard
Accountant