

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 19, 2002 8:00 am**  
**Secretary of State**

09-04-2002 90087 022 \*\*\*550.00

**DOCUMENT # P01000000354**

1. Entity Name  
**GRATIGNY APARTMENTS OF HIALEAH, INC.**

Principal Place of Business      Mailing Address  
**6421 LAKE PATRICIA DRIVE**      **6421 LAKE PATRICIA DRIVE**  
**MIAMI LAKES FL 33014**      **MIAMI LAKES FL 33014**

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 **65-1089333**      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

**GASTESI, RAUL JR.**  
**15600 N.W. 87TH AVENUE**  
**SUITE 308**  
**MIAMI LAKES FL 33014**

Name **RICARDO GARCIA**  
 Street Address (P.O. Box Number is Not Acceptable)  
**6421 LAKE PATRICIA DRIVE**  
 City **MIAMI LAKE**      FL      Zip Code **33014**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Ricardo Garcia* **PRESIDENT**      **9-1-02**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)      DATE

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	<b>PD GARCIA, RICARDO</b>	<b>6421 LAKE PATRICIA DRIVE</b>	<b>MIAMI LAKES FL 33014</b>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>VPD DIEGUEZ, ANA BETSY</b>	<b>7400 N.W. 9TH COURT</b>	<b>MARGATE FL 33063</b>	<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"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Ricardo Garcia*      **9-1-02**      **(305) 557-8071**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      (Daytime Phone #)

CR2034 (4/02)