## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## Jan 21, 2003 8:00 am **Secretary of State** P96000016190 DOCUMENT # 01-21-2003 90568 003 \*\*\*150.00 1. Entity Name GABLES GRANADA PLAZA, INC. Principal Place of Business Mailing Address 770 SOUTH DIXIE HIGHWAY 8600 NW SO RIVER DR CORAL GABLES FL 33146 SUITE 101 MIAM! FL 33166 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 65-0648709 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name - TRUJILLO, DEE Street Address (P.O. Box Number is Not Acceptable) 8600 NW SO RIVER DR SUITE 101 MIAMI FL 33166 Zip Code City 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 Signature, typed or printed page of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (10/02) PS ☐ Addition TITLE ☐ Delete TITLE TRUJILLO, DEE NAME NAME 8600 NW SO RIVER DR #101 STREET ADDRESS STREET ADDRESS MIAM | FL 3316 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE THORSEN, JOHN P NAME NAME STREET ADDRESS STREET ADDRESS 8600 NW SO RIVER DR #101 CITY-ST-ZIP MIAMI FL 33166 CITY-ST-ZIP Change Addition Delete - -TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. Thereby 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 10 or Block 11 if

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