

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

0163578

DOCUMENT # P96000079760

1. Entity Name

GABLES ON THE GREEN HOLDINGS, INC.

05-03-2001 90099 049 ***150.00

Principal Place of Business

Mailing Address

**626 CORAL WAY., STE 16
 CORAL GABLES FL 33134
 US**

**626 CORAL WAY., STE 16
 CORAL GABLES FL 33134
 US**

2. Principal Place of Business

550 Biltmore Way

3. Mailing Address

550 Biltmore Way

Suite, Apt. #, etc.

Suite 1210

Suite, Apt. #, etc.

Suite 1210

City & State

Coral Gables, FL

City & State

Coral Gables, FL

Zip

33134

Country

USA

Zip

33134

Country

USA

4. FEI Number

65-0836577

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

**MARTIN, PEDRO A ESQ.
 C/O GREENBERG, TAURIG, HOFFMAN ET AL
 1221 BRICKELL AVENUE., 24TH FLOOR
 MIAMI FL 33133**

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	ROGER, OSCAR	
STREET ADDRESS	626 CORAL WAY., STE 16	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	CASTRO, MAYREN R	
STREET ADDRESS	626 CORAL WAY, SUITE 16	
CITY-ST-ZIP	CORAL GABLES FL 33134	
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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	550 Biltmore Way, Suite 1210	
CITY-ST-ZIP	Coral Gables, FL. 33134	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	550 Biltmore Way, Suite 1210	
CITY-ST-ZIP	Coral Gables, FL. 33134	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Mayren R. Castro* **MAYREN R. CASTRO**

4/27/01 **4/27/01**

305/448-4091 **305/448-4091**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)