

**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          | <b>PD</b>                      | <input type="checkbox"/> Delete |
| NAME           | <b>ROGER, OSCAR</b>            |                                 |
| STREET ADDRESS | <b>626 CORAL WAY., STE 16</b>  |                                 |
| CITY-ST-ZIP    | <b>CORAL GABLES FL 33134</b>   |                                 |
| TITLE          | <b>DVS</b>                     | <input type="checkbox"/> Delete |
| NAME           | <b>CASTRO, MAYREN R</b>        |                                 |
| STREET ADDRESS | <b>626 CORAL WAY, SUITE 16</b> |                                 |
| CITY-ST-ZIP    | <b>CORAL GABLES FL 33134</b>   |                                 |
| 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 | <b>550 Biltmore Way, Suite 1210</b> |  |
| CITY-ST-ZIP    | <b>Coral Gables, FL. 33134</b>      |  |
| TITLE          |                                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                     |  |
| STREET ADDRESS | <b>550 Biltmore Way, Suite 1210</b> |  |
| CITY-ST-ZIP    | <b>Coral Gables, FL. 33134</b>      |  |
| 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)