

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 150263**

1. Entity Name

GABLES ENGINEERING, INC.**FILED****Feb 12, 2001 8:00 am**
Secretary of State

02-12-2001 90223 027 ***158.75

Principal Place of Business

**247 GRECO AVENUE
CORAL GABLES FL 33146**

Mailing Address

**247 GRECO AVENUE
CORAL GABLES FL 33146**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-0561349**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

00016474

- 6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRICKELL REGISTERED AGENT, INC
1395 BRICKELL AVE
3RD FLOOR
MIAMI FL 33131**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition
	DCP									
	CLARKE, VICTOR E	247 GRECO AVENUE	CORAL GABLES FL							
	TD									
	GALIMIDI, GARY	247 GRECO AVENUE	CORAL GABLES FL							
	D									
	REYES, CARIDAD	247 GRECO AVE	CORAL CABLES FL 33346							

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1.16.01 305 7744211

CR2E034 (10/00)