

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90023 004 ***150.00

DOCUMENT # H73902

1. Entity Name

SEVEN GABLES ENTERPRISES, INC.

Principal Place of Business

Mailing Address

% RAUL E. VALDES-FAULI
 2 S. BISCAYNE BLVD. STE.3400
 MIAMI FL 33131

% RAUL E. VALDES-FAULI
 2 S. BISCAYNE BLVD. STE.3400
 MIAMI FL 33131-1802

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2647182

Applied For

Not Applicable

Zip

Country

Zip

Country

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

VALDES FAULI CORP SVCS INC
ONE BISCAYNE TWR STE 3400
2 SO BISCAYNE BLFD
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, 2000 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	<input type="checkbox"/> Delete
PD	ASTURIAS, MARIO	2 S BISCAYNE BLVD. #3400	MIAMI FL 33131	<input type="checkbox"/>
V	ASTURIAS, YVONNE T.	2 S BISCAYNE BLVD. #3400	MIAMI FL 33131	<input type="checkbox"/>
ST	ROBLES, LORENA A.	2 S BISCAYNE BLVD. #3400	MIAMI FL 33131	<input type="checkbox"/>
VA	VALDES-FAULI, RAUL E.	2 S BISCAYNE BLVD. #3400	MIAMI FL 33131	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<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:

RAUL E. VALDES FAULI RAUL E. VALDES FAULI 3/30/00 (305) 376-6097

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)