

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90046 014 ***150.00

DOCUMENT # P98000091568 ✓

1. Entity Name

Steph Gab Management, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7521 SW 92 CT

Suite, Apt. #, etc.

3. Mailing Address

7521 SW 92 CT

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI FL

Zip 33173

Country US

City & State

MIAMI FL

Zip 33173

Country US

4. FEI Number

65-0873034

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Freire, Santiago J

Street Address (P.O. Box Number is Not Acceptable)

7521 SW 92 CT

City

MIAMI

FL

Zip Code

33173

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
Freire, Santiago J
7521 SW 92 CT
MIAMI FL 33173

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VPO
Freire, ANA MARIA
MIAMI, FL 33173
7521 SW 92 CT

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

T
Freire, Gabriel J
7521 SW 92 CT
MIAMI FL 33173

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

S
Freire, Stephanie A
7521 SW 92 CT
MIAMI, FL 33173

TITLE
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Santiago Freire 4/21/02 305-2733818

Date

Daytime Phone #

CR2E034B (12/01)