

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90033 039 ****61.25

DOCUMENT # 750200

1. Entity Name

GABLESTAGE, INC.



Principal Place of Business

**1200 ANASTASIA AVE., STE. 230
CORAL GABLES FL 33134
US**

Mailing Address

**1200 ANASTASIA AVE., STE. 230
CORAL GABLES FL 33134
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1972774**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ADLER, JOSEPH
1200 ANASTASIA AVE., STE. 230
CORAL GABLES FL 33134**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
C GARRETT, BARBARA F 5980 MIAMI LAKES DR. MIAMI LAKES FL 33014			
D OSIASON, LEE J 10500 S.W. 71ST AVE. MIAMI FL 33156			
S SHULACK, GRETA 603 PUERTA AVE. CORAL GABLES FL 33143			
D BERLOW, MARLENE 3840 CRAWFORD AVE. COCONUT GROVE FL 33133			
D DIAZ, MAIRA 235 ALHAMBRA CIR. CORAL GABLES FL 33134			
VC ENRICH, DENISE K 4400 N.W. 87TH AVE., LODGE 8 MIAMI FL 33178			

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

JOSEPH ADLER 1/6/02 305446-1116

CR2E037 (10/02)