

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 750200

**Entity Name:** GABLESTAGE, INC.**Current Principal Place of Business:**1200 ANASTASIA AVE., STE. 230  
CORAL GABLES, FL 33134**Current Mailing Address:**1200 ANASTASIA AVE., STE. 230  
CORAL GABLES, FL 33134 US**FEI Number:** 59-1972774**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**NEWPORT, BARI F  
1200 ANASTASIA AVE., STE. 230  
CORAL GABLES, FL 33134 US*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:** BARI F NEWPORT

02/01/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name           STUZIN, ROSALYN  
Address        445 GRAND BAY DRIVE  
City-State-Zip: KEY BISCAYNE FL 33149

Title            SECRETARY  
Name           JACOBS, RICHARD  
Address        6246 SW 99TH TERRACE  
City-State-Zip: MIAMI FL 33156

Title            PRODUCING ARTISTIC DIRECTOR  
Name           NEWPORT, BARI F  
Address        1200 ANASTASIA AVE.  
                 SUITE 230  
City-State-Zip: CORAL GABLES FL 33134

Title            TRUSTEE  
Name           OSIASON, LEE  
Address        1805 PONCE DE LEON BLVD  
                 STE 300  
City-State-Zip: CORAL GABLES FL 33134

Title            CHAIRMAN  
Name           COULSON, DAVID A  
Address        333 SE 2ND AVE.  
                 SUITE 4400  
City-State-Zip: MIAMI FL 33131

Title            TREASURER  
Name           TOREN, RICHARD  
Address        6000 ISLAND BLVD.  
                 APT. #2604  
City-State-Zip: AVENTURA FL 33160

Title            CHAIRMAN EMERITUS  
Name           WEINGER, STEVEN M  
Address        1881 S. BAYSHORE DRIVE  
City-State-Zip: MIAMI FL 33133

Title            TRUSTEE  
Name           BIERMAN, MICHELL A  
Address        3107 ALHAMBRA CIRCLE  
City-State-Zip: CORAL GABLES FL 33134

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** BARI NEWPORTPRODUCING ARTISTIC  
DIRECTOR

02/01/2022

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title TRUSTEE  
Name GAFFIN, JILL  
Address 60 EDGEWATER DRIVE LANAI NORTH  
City-State-Zip: COCONUT GROVE FL 33133

Title TRUSTEE  
Name SULZBERGER, GENE  
Address 1550 BRICKELL AVENUE., 204B  
City-State-Zip: MIAMI FL 33129

Title TRUSTEE  
Name HOCKMAN, ALLISON  
Address 3211 PONCE DE LEON BLVD  
SUITE 200  
City-State-Zip: CORAL GABLES FL 33134

Title TRUSTEE  
Name KATZMAN, CHAIM  
Address 1696 NE MIAMI GARDENS DR  
City-State-Zip: NORTH MIAMI BEACH FL 33179

Title TRUSTEE  
Name HAJ, GEORGE  
Address 9480 NE 2ND AVENUE  
SUITE 3  
City-State-Zip: MIAMI FL 33138

Title TRUSTEE  
Name KALISH, NEDRA  
Address 60 EDGEWATER DRIVE 9A  
City-State-Zip: CORAL GABLES FL 33133

Title TRUSTEE  
Name WOLF, AIZIK  
Address 6129 SW 70TH STREET  
City-State-Zip: MIAMI FL 33139

Title TRUSTEE  
Name ABRAMS, MARC  
Address 2811 SOUTH BAYSHORE DRIVE  
City-State-Zip: CORAL GABLES FL 33133