

2021 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:** No**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

04/02/2021

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 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

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 F NEWPORT**PRODUCING ARTISTIC
DIRECTOR**

04/02/2021

Electronic Signature of Signing Officer/Director Detail

Date