

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90065 001 ***150.00

DOCUMENT # 272825

1. Entity Name

GABOR & CO., INC.

Principal Place of Business

Mailing Address

~~N.W. 79TH AVENUE~~
~~119~~
~~FL 33166~~

3901 N.W. 79TH AVENUE
SUITE 119
MIAMI FL 33126-1928

BU084400

2. Principal Place of Business

7270 NW 12 STREET

3. Mailing Address

7270 NW 12 STREET

Suite, Apt. #, etc.

SUITE 130

Suite, Apt. #, etc.

SUITE 130

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33126

Country

USA

Zip

33126

Country

USA

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GABOR, FRANK
3901 N.W. 79TH AVENUE
SUITE 119
MIAMI FL 33166

7. Name and Address of New Registered Agent

Name

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

7270 NW 12 ST SUITE 130

City

MIAMI

FL

Zip Code

33126

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

4-24-2000

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

TITLE ☐ Delete
 NAME **CD**
 STREET ADDRESS **GABOR, FRANK**
 CITY-ST-ZIP **3901 N.W. 79TH AVENUE, SUITE 119**
MIAMI FL

TITLE ☐ Delete
 NAME **PO**
 STREET ADDRESS **GABOR, JEFFREY**
 CITY-ST-ZIP **3534 THOMASVILLE RD**
TALLAHASSEE FL

TITLE ☐ Delete
 NAME **VPTD**
 STREET ADDRESS **GABOR, RONALD**
 CITY-ST-ZIP **3901 N.W. 79TH AVE. #119**
MIAMI FL

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **PCD**
 STREET ADDRESS **7270 NW 12 ST, SUITE 130**
 CITY-ST-ZIP **MIAMI FL 33126**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **7270 NW 12 ST, SUITE 130**
 CITY-ST-ZIP **MIAMI, FL 33126**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

RECEIVED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-24-2000 (305) 4710028

CR2E034 (9/99)