

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 452119

1. Entity Name

GABY & GABY, INC.

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90034 012 ***158.75

Principal Place of Business

Mailing Address

7230 SW 39TH TERRACE
MIAMI FL 33155

7230 SW 39TH TERRACE
MIAMI FL 33143-3115

2. Principal Place of Business

6832 SW 68 ST.

3. Mailing Address

6832 SW 68 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

S. MIAMI, FL

City & State

S. MIAMI, FL

4. FEI Number

59-1538714

Applied For

Not Applicable

Zip

Country

33143 USA

Zip

Country

33143 USA

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GABY, RON
7230 S.W. 39TH TERRACE
MIAMI FL 33155

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.

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) ☐

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PT
NAME GABY, SHEILA PARNES
STREET ADDRESS 7230 SW 39TH TERRACE 6832 SW 68 ST
CITY-ST-ZIP MIAMI FL S. MIAMI, FL 33143

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

TITLE VS
NAME GABY, RONALD
STREET ADDRESS 7230 SW 39TH TERRACE 6832 SW 68 ST
CITY-ST-ZIP MIAMI FL S. MIAMI, FL 33143

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

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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:

Sheila Parnes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4 June 2000 305-665-2291
Date Daytime Phone #

CF2EC 4 (9/99)