

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 547210

1. Entity Name

GABLES CLOTHING, INC.

Principal Place of Business

4703 SW 72ND AVE
MIAMI FL 33155
US

Mailing Address

2655 LEJEUNE ROAD
807
CORAL GABLES FL 33134

2. Principal Place of Business

3. Mailing Address
2655 LeJeune Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Suite 804

City & State

City & State
Coral Gables, Florida

Zip Country
33134 Miami-Dade

4. FEI Number **59-1768059**

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent

KATES, LESTER G.
2655 LEJEUNE ROAD
807 GABLES INTERNATIONAL PLAZA
CORAL GABLES FL 33134

Name
LESTER G. KATES

Street Address (P.O. Box Number is Not Acceptable)
804 Gables International Plaza

2655 LeJeune Road
City
Coral Gables

FL Zip Code
33134

7. Name and Address of New Registered Agent

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 **3-28-01**

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, 2001 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

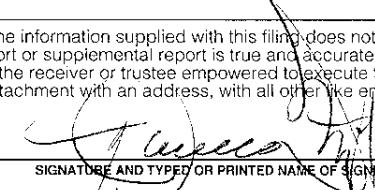
11. OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | | | |
|--|---|---------------------------------|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PST CAMAFREITA, FAUSTINO 4788 N.W. 167TH STREET MIAMI FL | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-01

Date

Daytime Phone #

CR2E034 (10/00)