

2001 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **547210**

1. Entity Name

GABLES CLOTHING, INC.**FILED**
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90106 039 ***150.00

Principal Place of Business

**4703 SW 72ND AVE
MIAMI FL 33155
US**

Mailing Address

**2655 LEJEUNE ROAD
807
CORAL GABLES FL 33134****A0060300**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

2655 LeJeune Road

Suite, Apt. #, etc.

Suite 804

City & State

Coral Gables, Florida

Zip

33134

Country

Miami-Dade4. FEI Number **59-1768059**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

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, 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

| | | |
|--|---|---------------------------------|
| 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"/> Delete |
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12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)