

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 21, 2002 8:00 am**  
**Secretary of State**

01-21-2002 90053 041 \*\*\*150.00

0227321 AV

**DOCUMENT # 599602**  
 1. Entity Name  
**GABY TAXI NO. 3 CORPORATION**

Principal Place of Business      Mailing Address  
~~666-716T STREET-~~      ~~666-716T STREET-~~  
~~MIAMI BEACH FL 33141-~~      ~~MIAMI BEACH FL 33141-~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
 2017 S. OCEAN DR.      2017 S. OCEAN DR.  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 APT. 1401      APT. 1401  
 City & State      City & State  
 HALLANDALE FL.      HALLANDALE FL.  
 Zip      Country      Zip      Country  
 33009      U.S.A.      33009      U.S.A.

4. FEI Number **59-1933465**      Applied For  
 Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**GUMSON, RICHARD P**  
**2450 HOLLYWOOD BLVD**  
**HOLLYWOOD FL 33020**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

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, 2002 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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>MAZLIACH, GABRIEL</b>	
STREET ADDRESS	<b>2017 S.OCEAN DR.APT 1401</b>	
CITY-ST-ZIP	<b>HALLANDALE FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>MAZLIACH, HEDVIGA</b>	
STREET ADDRESS	<b>2017 S.OCEAN DR.APT 1401</b>	
CITY-ST-ZIP	<b>HALLANDALE FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: GABRIEL MAZLIACH      1/10/02      954-458-8198  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034(9/01)