

2002 UNIFORM BUSINESS REPORT (UBR)

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

01-21-2002 90053 043 ***150.00

002226 AN

DOCUMENT # 599604

1. Entity Name

GABY TAXI NO. 5 CORPORATION

Principal Place of Business

**600-71ST STREET
MIAMI BEACH FL 33141**

Mailing Address

**600-71ST STREET
MIAMI BEACH FL 33141**

2. Principal Place of Business

**2017 S. OCEAN DR.
Suite, Apt. #, etc.
APT. 1401**

3. Mailing Address

**2017 S. OCEAN DR.
Suite, Apt. #, etc.
APT. 1401**



DO NOT WRITE IN THIS SPACE

City & State

HALLANDALE FL.

City & State

HALLANDALE FL.

4. FEI Number

59-1933465

Applied For

Not Applicable

Zip

33009

Country

U.S.A.

Zip

33009

Country

U.S.A.

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

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, 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 **P** ☐ Delete
NAME **MAZLIACH, GABRIEL**
STREET ADDRESS **2017 S. OCEAN DR. APT 1401**
CITY-ST-ZIP **HALLANDALE FL**

TITLE **S** ☐ Delete
NAME **MAZLIACH, HEDVIGA**
STREET ADDRESS **2017 S. OCEAN DR. APT 1401**
CITY-ST-ZIP **HALLANDALE 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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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:

GABRIEL MAZLIACH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/02

Date

954-458-8198

Daytime Phone #

CR2E034 (9/01)