

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # A97000000636

1. Entity Name

THE GABLES FISHERIES, LTD.

00 JUL 12 PM 1:25

mf

Principal Place of Business

1450 SOUTH DIXIE HIGHWAY
CORAL GABLES FL 33146

Mailing Address

C/O TOBACCO ROAD. ATTN: PATRICK GLEBER
626 SOUTH MIAMI AVENUE
MIAMI FL 33130-3016



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0739817

Applied For

Not Applicable

Zip

Country

Zip

Country

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

~~BENDER, HARRY K~~

~~5915 PONCE DE LEON BLVD., 8TH FLOOR
CORAL GABLES FL 33146~~

Name

Kieran P. Fallon, P.A.

Street Address (P.O. Box Number is Not Acceptable)

80 SW 8TH ST. Suite 2804

City

MIAMI FLORIDA FL

Zip

33130

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. Capital Contributions
as Shown on record.

\$510,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #

P96000067718

NAME

FISH BONE GRILLE TWO, INC.

STREET ADDRESS

626 SOUTH MIAMI AVE

CITY - ST - ZIP

MIAMI FL 33130

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR FORM 99001