

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F48069

1. Entity Name

KING OAK INVESTMENT CORPORATION

Principal Place of Business

1170 S.W. 18TH STREET  
MIAMI FL 33129-2536

Mailing Address

P.O. BOX 142-043  
CORAL GABLES FL 33114-2043

2. Principal Place of Business

3. Mailing Address

P.O. Box 450-427

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Miami, Florida

City & State

City & State

Zip

Country

Zip

Country

33245-0427 Miami-Dade

4. FEI Number

59-2207727

Applied For

Not Applicable

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

FARRES, EDELBERTO J ESQ.  
1170 S.W. 18 STREET  
MIAMI FL 33129-2536

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, 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 DP  
NAME GABALDON, AGUSTIN  
STREET ADDRESS 605 OAKS DR #909  
CITY-ST-ZIP POMPANO BEACH FL 33069 ☐ Delete

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

TITLE VS  
NAME GABALDON, JUAN JOSE JAVI  
STREET ADDRESS 605 OAKS DR #909  
CITY-ST-ZIP POMPANO BEACH FL 33069 ☐ Delete

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

TITLE VT  
NAME GABALDON, AIDA RODRIGUEZ  
STREET ADDRESS 605 OAKS DR #909  
CITY-ST-ZIP POMPANO BEACH FL 33069 ☐ Delete

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

TITLE V  
NAME GABALDON, FABRICIO  
STREET ADDRESS 605 OAKS DR #909  
CITY-ST-ZIP POMPANO BEACH FL 33069 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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CITY-ST-ZIP ☐ Delete

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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

Date

Daytime Phone #

Agustin Gabaldon 07/20/01 (305) 858-3363

0140566

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE