

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95275

1. Entity Name

GELABERT - NAVIA ARCHITECTS, P.A.

Principal Place of Business

2420 SW 27TH AVE STE A  
MIAMI FL 33145

Mailing Address

2420 SW 27TH AVE STE A  
MIAMI FL 33145-3655

2. Principal Place of Business

2420 S.W. 27th. AV.

Suite, Apt. #, etc.  
# A

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

Miami, FLORIDA

City & State

Zip

33145-3655

Country

US

Zip

Country

4. FEI Number

59-2210387

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GELABERT, JOSE  
2420 SW 27TH AVENUE  
MIAMI 33145

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

02/04/00

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, 2000 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  
NAME GELABERT, ROSA  
STREET ADDRESS 216 PALM AVE PALM ISL  
CITY-ST-ZIP MIAMI BCH, FL 00000 ☐ Delete

TITLE S  
NAME GELABERT, JOSE A  
STREET ADDRESS 216 PALM AVE PALM ISL  
CITY-ST-ZIP MIAMI BCH, FL 00000 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME GELABERT, ROSA M.  
STREET ADDRESS 216 Palm AV., Palm Is.  
CITY-ST-ZIP Miami Beach, FL. 33139 ☐ Change ☐ Addition

TITLE S  
NAME GELABERT, JOSE A.  
STREET ADDRESS 216 Palm AV., Palm Is.  
CITY-ST-ZIP Miami Beach, FL. 33139 ☐ Change ☐ Addition

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

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 447-8705

FILED  
Feb 08, 2000 8:00 am  
Secretary of State

02-08-2000 90168 032 \*\*\*150.00



DO NOT WRITE IN THIS SPACE