

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95275

1. Entity Name

GELABERT - NAVIA ARCHITECTS, P.A.

FILED
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90027 010 ***150.00

Principal Place of Business

2420 SW 27TH AVE STE A
MIAMI FL 33145

Mailing Address

2420 SW 27TH AVE STE A
MIAMI FL 33145

2. Principal Place of Business

~~216 Palm Avenue~~
Suite, Apt. #, etc.
Palm Island

City & State
Miami Beach, Florida

Zip
33139-5185

3. Mailing Address

~~(same)~~
Suite, Apt. #, etc.

City & State

Zip Country



DO NOT WRITE IN THIS SPACE

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

7. Name and Address of New Registered Agent

GELABERT, JOSE
2420 SW 27TH AVENUE
MIAMI FL 33145

(Old Address)

Name **GELABERT, JOSE**

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

216 Palm Ave., Palm Island

City **Miami Beach**

FL

Zip Code **33139-5185**

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

03/12/01

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	P	<input type="checkbox"/> Delete
NAME	GELABERT, ROSA	
STREET ADDRESS	216 PALM AVE PALM ISL	
CITY-ST-ZIP	MIAMI FL 33139	
TITLE	S	<input type="checkbox"/> Delete
NAME	GELABERT, JOSE A	
STREET ADDRESS	216 PALM AVE PALM ISL	
CITY-ST-ZIP	MIAMI FL 33139	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/12/01

Date

305-532-7670

Daytime Phone #

CR2E034 (10/00)