## 2000 UNIFORM BUSINESS REPORT (UBR)

## Apr 30, 2000 08:00 AM DOCUMENT # K58256 1. Entity Name **Secretary of State** GABLES RENTAL UNLIMITED, INC. Principal Place of Business Mailing Address 837 LORCA ST. 837 LORCA ST. CORAL GABLES CORAL GABLES FL FL 33134 33134 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0102073 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TOYOS, WALDO TOYOS, WALDO 837 LROCA ST Street Address (P.O. Box Number is Not Acceptable) 837 LORCA ST CORAL GABLES $\mathbf{FL}$ 33134 City Zip Code CORAL GABLES 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. 04/30/2000 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE X Change ☐ Addition TOYOS, WALDO NAME TOYOS, WALDO STREET ADDRESS 837 LORCA ST STREET ADDRESS 837 LORCA ST CITY-ST-ZIP CITY-ST-ZIP CORAL GABLE,S LF CORAL GABLES 33134 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME TOYOS, HILDA D. NAME STREET ADDRESS 837 LORCA ST. STREET ADDRESS CITY-ST-ZIF CORAL GABLES FI. CITY-ST-718 TITLE ☐ Deiete TILE ☐ Change ☐ Addition NAME TOYOS, SUSANA NAME STREET ADDRESS STREET ADDRESS 837 LORCA ST. CITY-ST-ZIP CORAL GABLES CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/8

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.

CIONATURE, CUCANA TOVOC

D 04/30/200

FILED