

04-30-2002 90132 030 \*\*\*\*50.00

**2002 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # LO1000004776**

1. Entity Name  
**GABRIELA V. LLC**

Principal Place of Business 1000 WEST AVE. SUITE 1114 MIAMI BEACH FL 33139	Mailing Address 1000 WEST AVE. SUITE 1114 MIAMI BEACH FL 33139
---	---

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------

4. FEI Number **03-0415886** Applied For  Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent  
**BUSINESS FILINGS INCORPORATED**  
 1000 WEST AVE.  
 SUITE 1114  
 MIAMI BEACH FL 33139

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
 Make Check Payable to Department of State  
 Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME <b>MGR VICTORIA, GABRIELA</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>3300 NE 192 STREET PENTHOUSE 1</b>	
CITY-ST-ZIP <b>AVENTURA FL 33180</b>	
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME <b>MGR Victoria, Gabriela</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>10635 NE 11th Avenue</b>	
CITY-ST-ZIP <b>Miami FL 33138</b>	
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **No SIGNATURE REQUIRED**

305-891-1387

CR2E083 (9/01)