

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90039 012 ***150.00

DOCUMENT # L51831

1. Entity Name
GABLES IMAGING, INC.

Principal Place of Business
717 PONCE DE LEON BLVD
STE 324
CORAL GABLES FL 33134

Mailing Address
717 PONCE DE LEON BLVD
STE 324
CORAL GABLES FL 33134

2. Principal Place of Business
1824 PONCE DE LEON BLVD
 Suite, Apt. #, etc.

3. Mailing Address
1824 PONCE DE LEON BLVD
 Suite, Apt. #, etc.

City & State
CORAL GABLES

City & State
CORAL GABLES

4. FEI Number **65-0173934**

Applied For
 Not Applicable

Zip **33134** Country **MIAMI-DADE**

Zip **33134** Country **MIAMI-DADE**

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

ACEBAL, LUIS F
11460 SW 3RD ST
MIAMI FL 33174

Name **N/A**
 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 _____

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, 2002 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 **D** ☐ Delete
 NAME **ACEBAL, LUIS F**
 STREET ADDRESS **11460 SW 3RD ST**
 CITY-ST-ZIP **MIAMI FL**

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

TITLE **D** ☒ Delete
 NAME **CALVO, ZAYDEE**
 STREET ADDRESS **904 SISTINA AVE**
 CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE **D** ☐ Change ☐ Addition
 NAME **CALVO, ZAYDEE**
 STREET ADDRESS **9068 S.W. 112 CT**
 CITY-ST-ZIP **MIAMI-FL 33176**

TITLE **P** ☒ Delete
 NAME **CALVO, FERNANDO**
 STREET ADDRESS **904 SISTINA AVE**
 CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE **P** ☐ Change ☐ Addition
 NAME **CALVO, FERNANDO**
 STREET ADDRESS **9068 S.W. 112 CT**
 CITY-ST-ZIP **MIAMI-FL 33176**

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)