

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 SEP 25 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L51831

1. Entity Name

Gables Imaging Inc



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1570 MADRUGA AVE.

3. Mailing Address

1570 MADRUGA AVE.

Suite, Apt. #, etc.

401

Suite, Apt. #, etc.

401

City & State

CORAL GABLES, FL

City & State

CORAL GABLES, FL

Zip

33146

Country

USA-DADE

Zip

33146

Country

DADE-USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name LOUIS F. ACEBAL

Street Address (P.O. Box Number is Not Acceptable)
11460 S.W. 3RD ST-

City MIAMI-

FL

Zip Code 33174

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PRESIDENT
NAME FERNANDO CALVO
STREET ADDRESS 9068 S.W. 112 CT
CITY-ST-ZIP MIAMI-FL-33176

TITLE VICE-PRESIDENT
NAME ZAYDEE CALVO
STREET ADDRESS 9068 S.W. 112 CT
CITY-ST-ZIP MIAMI-FL-33176

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IN THIS SPACE**

12. 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 of the corporation empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/24/03

Date

305-661-1919

Daytime Phone #

CR2E034B (12/02)

GABLES IMAGING, Inc.

1570 Madruga Ave. Suite 401
Coral Gables, FL 33146

Coral Gables, FL., 09/09/03

Florida Department of State
Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL. 32314

Ref. Number: L51831

Enclosed [lease find copy of your letter dated uly-14,-2003 in which you returned our check No.5994 for the amount of \$150.00 as well as our filing information page.

In your letter you informed us the reason for the returned check being that it had been sent to late for filing.

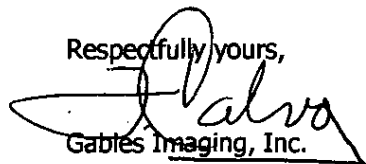
I want to express that the reason for the delay was due to the fact that we never received In our new address the required forms concerning the yearly filing.

In your files you may notice that we had a Ponce de Leon Blvd. Address and the form probably got lost in the mail.

We would appreciate that you accept the above mentioned check, that we are sending Again to cover the regular annual report, because we are a very small company and This additional expense would represent a great damage to us.

Thanking you in advance, we remain,

Respectfully yours,


Gables Imaging, Inc.