


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90370 040 ***150.00

0435762 AV

DOCUMENT # L52954	
1. Entity Name GABRIEL ENTERPRISES, INC.	

Principal Place of Business 6971 N. FEDERAL HWY SUITE 206 BOCA RATON FL 33487	Mailing Address 801 NE 74 ST BOCA RATON FL 33487 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Boca RATON FL	Boca RATON FL
Zip	Country
33431	USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0186929	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GABRIEL, LAWRENCE J. SR. 801 NE 74 ST BOCA RATON FL 33487	Name Street Address (P.O. Box Number is Not Acceptable) 872 NE 35 ST City Boca RATON FL Zip Code 33431

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	TITLE	
NAME	GABRIEL, LAWRENCE J., SR	NAME	
STREET ADDRESS	801 NE 74 ST	STREET ADDRESS	872 NE 35 ST
CITY-ST-ZIP	BOCA RATON FL 33487	CITY-ST-ZIP	Boca RATON, FL 33431
TITLE	D	TITLE	
NAME	GABRIEL, LAWRENCE J., JR	NAME	
STREET ADDRESS	6971 N. FEDERAL HWY	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33987	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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STREET ADDRESS		STREET ADDRESS	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature of Lawrence J. Gabriel, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-03 561-241-1114
Date Daytime Phone #

CR2E034 (10/02)