

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N02000006608

FILED  
May 06, 2003  
Secretary of State

Entity Name: GABLES HOPE, INC.

**Current Principal Place of Business:**

950 UNIVERSITY DRIVE  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

950 UNIVERSITY DRIVE  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PETERSON, WADE C ESQ  
234 NORTH KROME AVENUE  
HOMESTEAD, FL 33030

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title:                      ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title:                      ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title:                      ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title:                      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:                      DIR                      ( ) Change (X) Addition  
Name:                      SAUNDERS, SR., G. MICHAEL  
Address:                      936 BIRD RD  
City-St-Zip:                      CORAL GABLES, FL 33146

Title:                      DIR                      ( ) Change (X) Addition  
Name:                      INGLE, SARAH  
Address:                      2641 SW 30 COURT  
City-St-Zip:                      MIAMI, FL 33133

Title:                      DIR                      ( ) Change (X) Addition  
Name:                      JONES, RUSSELL  
Address:                      13860 SW 148 PLACE  
City-St-Zip:                      MIAMI, FL 33196

Title:                      DIR                      ( ) Change (X) Addition  
Name:                      TEJEDA, JUAN  
Address:                      13294-4 SW 112 TERRACE  
City-St-Zip:                      MIAMI, FL 33186

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: G. MICHAEL SAUNDERS, SR.

DIR

05/06/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date