

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000000201

1. Entity Name
GABRIELE G'S, INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90124 036 ****70.00

Principal Place of Business
8418 N. GRADY
TAMPA FL 33614
US

Mailing Address
8418 N. GRADY
TAMPA FL 33614-1907

00012415



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8418 N. Grady
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Tampa Fla.
Zip
33614
Country
Hillsboro

City & State
Zip
Country

4. FEI Number
59-3355974
Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MUSLIN, HARVEY P
1905 W. KENNEDY BLVD.
TAMPA FL 33606

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 GABRIEL MORALES Gabriel Morales 1-17-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	MORALES, GABRIEL	
STREET ADDRESS	8418 N. GRADY	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GORDON, JOSEPH	
STREET ADDRESS	8418 N. GRADY	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HELM, HARRELL JAMES	
STREET ADDRESS	2609 E 110 AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORALES, LILY	
STREET ADDRESS	33410 MANDEAKE RD	
CITY-ST-ZIP	ZEPHYRHILLS FL 33543	
TITLE	VDS	<input type="checkbox"/> Delete
NAME	YOUNG, BETTY J	
STREET ADDRESS	33420 MANDRAKE RD	
CITY-ST-ZIP	ZEPHYRHILLS FL 33543	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 617, 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 empowerment.

SIGNATURE: Gabriel Morales Gabriel Morales 1-17-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CF2E037 (9/99)