

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90048 012 ****70.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # N96000000201

1. Entity Name

GABRIELE G'S, INC.

Principal Place of Business

**8418 N. GRADY
TAMPA FL 33614
US**

Mailing Address

**8418 N. GRADY
TAMPA FL 33614**

2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Zip

Country

Zip

Country

33614

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

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 ☐ Delete
NAME **PSTD**
STREET ADDRESS **MORALES, GABRIEL**
CITY-ST-ZIP **8418 N. GRADY
TAMPA FL 33614**

TITLE ☒ Delete
NAME **VD**
STREET ADDRESS **GORDON, JOSEPH**
CITY-ST-ZIP **8418 N. GRADY
TAMPA FL**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **HELM, HARRELL JAMES**
CITY-ST-ZIP **2609 E 110 AVE
TAMPA FL**

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **MORALES, LILY**
CITY-ST-ZIP **33410 MANDEAKE RD
ZEPHYRHILLS FL 33543**

TITLE ☐ Delete
NAME **VDS**
STREET ADDRESS **YOUNG, BETTY J**
CITY-ST-ZIP **33420 MANDRAKE RD
ZEPHYRHILLS FL 33543**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☒ Change ☐ Addition
NAME **Vice Director**
STREET ADDRESS **Donald ARNOLD**
CITY-ST-ZIP **10609 N. 27th St.
Tampa, FL 33612**

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

TITLE ☒ Change ☐ Addition
NAME **Director**
STREET ADDRESS **Catherine Collier**
CITY-ST-ZIP **1905 W. Fern St.
Tampa, FL 33604**

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

TITLE ☐ Change ☐ 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 empowered.

SIGNATURE: **GABRIELE G'S, INC.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-8-01

813

886-6702

CR2E037 (10/00)