

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2003 8:00 am**  
**Secretary of State**

01-24-2003 90128 026 \*\*\*\*70.00

**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

**8418 N. Grady**

Suite, Apt. #, etc.

3. Mailing Address

**8418 N. Grady**

Suite, Apt. #, etc.

City & State

**Tampa FL**

City & State

**Tampa FL**

Zip

**33614**

Country

**Hillbco**

Zip

**33614**

Country

**Hillbco**

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

SIGNATURE

**Gabriel Gabriel Morales President**

**1-24-03**

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  
Florida 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 **Arnold, Donald**  
STREET ADDRESS **10609 N 27TH STREET**  
CITY-ST-ZIP **TAMPA FL 33612**

TITLE ☐ Delete  
NAME **HELM, HARRELL JAMES**  
STREET ADDRESS **13409 JOAN DR**  
CITY-ST-ZIP **TAMPA FL 33617**

TITLE ☐ Delete  
NAME **COLLERA, CATHERINE**  
STREET ADDRESS **1905 W FEIN ST**  
CITY-ST-ZIP **TAMPA FL 33604**

TITLE ☐ Delete  
NAME **YOUNG, BETTY J**  
STREET ADDRESS **33420 MANDRAKE RD**  
CITY-ST-ZIP **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 **DIRECTOR**  
STREET ADDRESS  
CITY-ST-ZIP

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

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

CR2E037 (10/02)