

FILED  
Aug 14, 2001 8:00 am  
Secretary of State

07-17-2001 90005 040 \*\*\*150.00

2001 UNIFORM BUSINESS REPORT (UBR)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                          |                                                                                                                                         |                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| <b>DOCUMENT # P00000057132</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                          |                                                                                                                                         |                       |
| 1. Entity Name<br><b>GABLES INTERIORS, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                          |                                                                                                                                         |                       |
| Principal Place of Business<br><b>14740 BRECKNESS PL<br/>MIAMI LAKES FL 33016</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                          | Mailing Address<br><b>14740 BRECKNESS PL<br/>MIAMI LAKES FL 33016</b>                                                                   |                       |
| 2. Principal Place of Business<br><b>4004 C AURORA ST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                          | 3. Mailing Address<br><b>4004 AURORA ST.</b>                                                                                            |                       |
| Suite, Apt. #, etc.<br><b>C</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                          | Suite, Apt. #, etc.<br><b>C</b>                                                                                                         |                       |
| City & State<br><b>CORAL GABLES</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                          | City & State<br><b>CORAL GABLES</b>                                                                                                     |                       |
| Zip<br><b>33146</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country<br><b>USA</b>                                                                    | Zip<br><b>33146</b>                                                                                                                     | Country<br><b>USA</b> |
| 4. FEI Number<br><b>65-1219804</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                          | Applied For<br><input type="checkbox"/> Not Applicable                                                                                  |                       |
| 5. Certificate of Status Desired<br><input type="checkbox"/> \$8.75 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                          |                                                                                                                                         |                       |
| 6. Name and Address of Current Registered Agent<br><b>YOUNTS, NATASHA<br/>14740 BRECKNESS PL<br/>MIAMI LAKES FL 33016</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                          | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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.<br>SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____                                                                                                                                                                                                                                                                                               |                                                                                          |                                                                                                                                         |                       |
| 9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. <input type="checkbox"/><br><small>(See criteria on back)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                          | FILE NOW!!! FEE IS \$550.00<br>After September 12, 2001 Fee will be \$750.00<br>Make Check Payable to Department of State               |                       |
| 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                          |                                                                                                                                         |                       |
| 11. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                          |                                                                                                                                         |                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>PRESIDENT/DIRECTOR<br/>NATASHA YOUNTS<br/>14740 BRECKNESS PL.<br/>MIAMI, FL 33016</b> | <input type="checkbox"/> Delete                                                                                                         |                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                          | <input type="checkbox"/> Delete                                                                                                         |                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                          | <input type="checkbox"/> Delete                                                                                                         |                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                          | <input type="checkbox"/> Delete                                                                                                         |                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                          | <input type="checkbox"/> Delete                                                                                                         |                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                          | <input type="checkbox"/> Delete                                                                                                         |                       |
| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                          |                                                                                                                                         |                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>ANA CONLEY<br/>5235 Pinetree Dr.<br/>MIAMI BEACH - FL 33140</b>                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>Vice President<br/>Director</b>                      |                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                       |                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                       |                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                       |                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                       |                       |
| 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. |                                                                                          |                                                                                                                                         |                       |
| SIGNATURE: <b>SPINAL SURGE REQUIRED</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                          | July 11, 2001 395<br>557-1216                                                                                                           |                       |

Attachment

11258



**Gables Interiors**

July 24, 2001

Florida Department Of State  
Division of Corporations  
P.O.Box 6237  
Tallahassee, FL 32314

Subject: GABLES-INTERIORS

Reference: P00000057132

The officers/directors for this company are: Natasha Younts (President/director)  
14740 Breckness Pl.  
Miami Lakes, FL 33016

Please add the Vicepresident/director : Ana Conley  
5235 Pinetree Dr.  
Miami, fl. 33140

Natasha Younts  
President