

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2002 8:00 am**  
**Secretary of State**

05-23-2002 90089 020 \*\*\*150.00

**DOCUMENT # P00000062550**

1. Entity Name  
**GABREILS DETAILING SERVICE INC.**

Principal Place of Business

~~29280 NOEL WAY~~  
**BOCA RATON FL 33433**

Mailing Address

~~29280 NOEL WAY~~  
**BOCA RATON FL 33433**

2. Principal Place of Business

**6869 TERRA TRANQUILLA DA**

Suite, Apt. #, etc.

3. Mailing Address

**6869 TERRA TRANQUILLA DA**

Suite, Apt. #, etc.

City & State

**Boca Raton Fl.**

City & State

**Boca Raton Fl.**

4. FEI Number

**65-1021421**

Applied For

Not Applicable

Zip

**33433**

Country

**Palm Bk.**

Zip

**33433**

Country

**Palm Bk.**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**JENZANO, HARRY J JR.**  
**3640-4 N. FEDERAL HWY.**  
**LIGHTHOUSE POINT FL 33064**

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>P</b>			
	<b>MEJIA, GABRIEL</b>	<b>29280 NOEL WAY</b>	<b>BOCA RATON FL 33433</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	<b>P. GABRIEL Mejia</b>	<b>6869 TERRA TRANQUILLA DA.</b>	<b>BOCA RATON, FL 33433</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. 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 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: *[Signature]*

SIGNATURE REQUIRED  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Gabriel Mejia pres*

**4/31/02**  
 Date

**561-488-9707**  
 Daytime Phone #



DO NOT WRITE IN THIS SPACE

CFR2E034 (9/01)