

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91760 037 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P00000062550**

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



**90128213**

|  |  |
|--|--|
| Principal Place of Business<br>6869 TERRA TRANQUILLA DR.<br>BOCA RATON, FL 33433 | Mailing Address<br>6869 TERRA TRANQUILLA DR.<br>BOCA RATON, FL 33433 |
|--|--|

|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |



|              |              |
|--------------|--------------|
| City & State | City & State |
| Zip          | Country      |

CHECK HERE IF MAKING CHANGES

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>65-1021421</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

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

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning.)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$250.00**  
**Make Check Payable to Florida Department of State**

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

| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br><b>MEJIA, GABRIEL</b><br><b>6869 TERRA TRANQUILA DR.</b><br><b>BOCA RATON, FL 33433</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|  | <input type="checkbox"/> Delete  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|  | <input type="checkbox"/> Delete  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|  | <input type="checkbox"/> Delete  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|  | <input type="checkbox"/> Delete  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|  | <input type="checkbox"/> Delete  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Gabriel Mejia* **Gabriel Mejia** *pres.* **4/22/03** **561-756-8186**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Time Phone #

CR2E034 (10/02)