

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90433 049 ***150.00

DOCUMENT # P00000067852

1. Entity Name
GABCAT PROPERTIES, INC.



Principal Place of Business

2566 JARDIN WAY
WESTON FL 33327

Mailing Address

2566 JARDIN WAY
WESTON FL 33327

2. Principal Place of Business

2415 PASADENA WAY

Suite, Apt. #, etc.

3. Mailing Address

2415 Pasadena Way

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
WESTON, Florida

City & State
WESTON, Florida

4. FEI Number **65-1030875**

Applied For
Not Applicable

Zip **33327**

Country **USA**

Zip **33327**

Country **USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REBOREDO, GASTON

2566 JARDIN WAY

WESTON FL 33327

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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 **PDT** ☐ Delete
NAME **PARSIA, JOSE D**
STREET ADDRESS **2625 EXECUTIVE PARK DRIVE, #5**
CITY-ST-ZIP **WESTON FL 33331**

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

TITLE **VPDS** ☐ Delete
NAME **PARSIA, ALINA D**
STREET ADDRESS **2625 EXECUTIVE PARK DRIVE #5**
CITY-ST-ZIP **WESTON FL 33331**

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-2003

Date

Daytime Phone #

CR2E034 (10/02)