

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90121 011 ***150.00

DOCUMENT # **P00000072059**

1. Entity Name

GABLES GATE INSURANCE AGENCY, INC

Principal Place of Business

Mailing Address

7171 CORAL Way, #208 MIAMI, FL 33155 **13213 NW 8 ST MIAMI, FL 33182**

CO053240

2. Principal Place of Business

7171 CORAL WAY

3. Mailing Address

13213 NW 8 ST

Suite, Apt. #, etc.

208

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI, FL

4. FEI Number

65-1029282

Applied For

Not Applicable

Zip

33155

Country

DADE

Zip

33182

Country

DADE

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVE.
CORAL GABLES, FL 33134

Name **JORGE FERRER**

Street Address (P.O. Box Number is Not Acceptable)

13213 NW 8 ST

City **Miami**

FL

Zip Code

33182

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] REG AGENT

4-20-01

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☐ Delete
NAME **JORGE FERRER**
STREET ADDRESS **13213 NW 8 ST**
CITY-ST-ZIP **MIAMI FL 33182**

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

TITLE **SECRETARY** ☐ Delete
NAME **ALEIDA M FERRER**
STREET ADDRESS **13213 NW 8 ST**
CITY-ST-ZIP **MIAMI FL 33182**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature] PRESIDENT 4-20-01 305-262-9696

CR2E034 (11/00)