

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90255 034 \*\*\*150.00

**A0068618**

DO NOT WRITE IN THIS SPACE

**DOCUMENT #** P 00000106078

**1. Entity Name**  
 GIBRALTAR GROUP, INC.

**Principal Place of Business**      **Mailing Address**  
 8042 NW 66 STREET      SAME  
 MIAMI FL 33166

**Principal Place of Business**      **3. Mailing Address**  
 8042 NW 66 STREET

**Suite, Apt. #, etc.**      **Suite, Apt. #, etc.**  
      SAME

**City & State**      **City & State**  
 MIAMI, FL

**4. FEI Number**      **Applied For**  
 65-1062773      Not Applicable

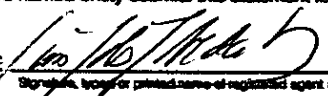
**5. Certificate of Status Desired**       **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**      **7. Name and Address of New Registered Agent**

~~LOUIS CARLOS TABORDA SAMPER~~  
 GABRIEL D IRIE YANUICENTO  
 155 88 SW 62 ST  
 MIAMI, FL 33193.

**Name**      **LUIS CARLOS TABORDA SAMPER**  
**Street Address (P.O. Box Number is Not Acceptable)**  
 8042 NW 66 STREET  
**City**      **MIAMI**      **FL**      **Zip Code**      **33166**

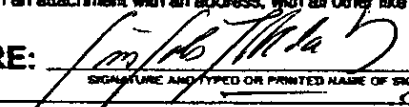
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE**       **LUIS CARLOS TABORDA SAMPER**      **4/27/01.**  
Signature, typed or printed name of registered agent and title if applicable.      NOTE: Registered Agent signature required when reappointing.      DATE

**8. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.**            **9. 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	
<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP D, President LUIS CARLOS TABORDA SAMPER 8042 NW 66 ST. MIAMI, FL 33166.	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP

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:**       **LUIS CARLOS TABORDA SAMPER - PRESIDENT**      **4/27/01**      **(305) 716-0321**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      DATE

CR2E034 (11/00)