

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2002 8:00 am**  
**Secretary of State**

05-16-2002 90054 035 \*\*\*150.00

DOCUMENT # P01000099424

1. Entity Name

GABRIEL GARDENS, INC.

Principal Place of Business

Mailing Address

5803 SW Quail Hollow Street SAME  
Palm City, Florida 34990

2. Principal Place of Business

5803 SW Quail Hollow St.

3. Mailing Address

5803 SW Quail Hollow St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm City, Florida

City & State

Palm City, Florida

4. FEI Number

65-1155747

Applied For

Not Applicable

Zip

34990

Country

USA

Zip

34990

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FILINGS, INC.  
3732 NW 16th Street  
Fort Lauderdale, Florida 33311

7. Name and Address of New Registered Agent

Name

JOHN GAUDIOSI, P.A.

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

3801 North Federal Highway

City

Pompano Beach

FL

Zip Code  
33064

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

JOHN GAUDIOSI

*John Gaudiosi, Pres.*

4/30/2002

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (If 11)

TITLE	PTD	<input type="checkbox"/> Delete
NAME	GABRIEL, EVAN	
STREET ADDRESS	5803 SW Quail Hollow Street	
CITY - ST - ZIP	Palm City, Florida 34990	
TITLE	SVD	<input type="checkbox"/> Delete
NAME	GABRIEL, LOLIN	
STREET ADDRESS	5803 SW Quail Hollow Street	
CITY - ST - ZIP	Palm City, Florida 34990	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

*John Gaudiosi*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/2002

Date

Signature Required

CR2E034 (9/01)