FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2003 8:00 am
Secretary of State
05-08-2003 90170 036 ***150.00

DOCUMENT # P01000099424

1. Entity Name
GABRIEL GARDENS Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5803 sw Quail Hollow st	same 5803 sw Quail Hollow st
Suite, Apt. #, etc. N/A	Suite, Apt. #, etc. N/A
City & State Palm City	City & State Palm City FL
Zip 34990 County Martin	Zip 34990 Country Martin

DO NOT WRITE IN THIS SPACE

4. FEI Number 651155747 ☑ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Colin Gabriel

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

~~8132 NW 72nd Street~~ 5803 sw Quail Hollow st. Palm City, FL 34990

City ~~Fort Lauderdale~~ Palm City FL Zip Code ~~33321~~ 34990

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 C Gabriel DATE 3/24/03

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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

TITLE VP & Sec NAME Colin Gabriel STREET ADDRESS 5803 sw Quail Hollow St. CITY-ST-ZIP Palm City, FL 34990	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE Pres. & Tres. NAME STREET ADDRESS 5803 sw Quail Hollow St. CITY-ST-ZIP Palm City, FL 34990	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: C Gabriel 3/24/03 (772) 3700007

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

CR2E034B (12/01)

5803 sw Quail Hollow st. Palm City, FL 34990