

**2001. UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P95000043974****1. Entity Name**  
**GABLES FINANCIAL GROUP, INC.****Principal Place of Business****2600 DOUGLAS RD  
STE. 500  
CORAL GABLES FL 33134  
US****Mailing Address****P.O. BOX 141898  
CORAL GABLES FL 33114  
US****2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**4. FEI Number****65-0588167**

Applied For

Not Applicable

**5. Certificate of Status Desired****\$8.75 Additional  
Fee Required****6. Name and Address of Current Registered Agent****MAS, LISA LYNN  
2600 DOUGLAS RD  
STE. 500  
CORAL GABLES FL 33134****7. Name and Address of New Registered Agent**

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.****SIGNATURE**

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 \$550.00  
After September 12, 2001 Fee will be \$750.00  
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****TITLE PD**  
**NAME RAMON E. MAS CANOSA** ☐ Delete  
**STREET ADDRESS 6350 S.W. 114 STREET**  
**CITY - ST - ZIP MIAMI FL 33156****TITLE ST**  
**NAME MAS, LISA LYNN** ☐ Delete  
**STREET ADDRESS 6350 S.W. 114 STREET**  
**CITY - ST - ZIP MIAMI FL 33156****TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP****TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP****TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP****TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP****TITLE** ☐ Change ☐ 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:****RAMON E. MAS CANOSA, President**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**(305) 529-0075**  
Daytime Phone #**FILED**  
**Aug 31, 2001 8:00 am**  
**Secretary of State**

08-31-2001 90116 044 \*\*\*558.75



DO NOT WRITE IN THIS SPACE

CR2E034 (5/01)