

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90177 011 ***158.75

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 14-1898
CORAL GABLES FL 33114
US



2. Principal Place of Business

3. Mailing Address

800 Douglas Entrance - North Tower

Suite, Apt. #, etc.
Suite 900

Suite, Apt. #, etc.

City & State
Coral Gables, Florida

City & State

4. FEI Number **65-0588167**

Applied For
 Not Applicable

Zip
33134

Country
USA

Zip

Country

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

MAS, LISA LYNN
2600 DOUGLAS RD
STE. 500
CORAL GABLES FL 33134

Name **Lisa Lynn Mas**

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

800 Douglas Entrance - North Tower

Suite 900

City **Coral Gables**

FL

Zip Code **33134**

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 **Lisa Lynn Mas, Sec.**

[Signature]

1121102

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 IN 11

TITLE **PD** ☐ Delete
 NAME **RAMON E. MAS CANOSA**
 STREET ADDRESS **6350 S.W. 114 STREET**
 CITY-ST-ZIP **MIAMI FL 33156**

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

TITLE **ST** ☐ Delete
 NAME **MAS, LISA LYNN**
 STREET ADDRESS **6350 S.W. 114 STREET**
 CITY-ST-ZIP **MIAMI FL 33156**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
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 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** *[Signature]* **1/21/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(606) 599-0075

Daytime Phone #

CR2E034 (9/01)