## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT #

Principal Place of Business

1610 COUNTRY CLUB PRADO

CORAL GABLES FL 33134

2. Principal Place of Business

P95000046688

Mailing Address

3. Mailing Address

1610 COUNTRY CLUB PRADO

\_\_\_CORAL GABLES FL-33134

1. Entity Name

GABLES PROFESSIONAL BILLING SERVICE, INC.



## FILED

Jul 17, 2003 8:00 am Secretary of State 07-17-2003 90029 049 ***550.00													
☐ CHECK HERE IF MAKING CHANGES													
FEI Number 65-0587877 Applied For Not Applicable	]												
i. Certificate of Status Desired S8.75 Additional Fee Required													
. Name and Address of New Registered Agent	]												
. Box Number is Not Acceptable)													
FL Zip Code													
agent, or both, in the State of Florida. I am familiar with, and accept													
n reinstating) DATE													
9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees													
ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	]												
☐ Change ☐ Addition	COD 100 (4/00)												
☐ Change ☐ Addition	2												
☐ Change ☐ Addition													

Suite, Apt. #, etc.			Suite	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES							
City & State			City	City & State			4. FEI	Number	65-0587	877			Applie Not Ap	ed For oplicable	-
Zip		Country	Zip Coun				<b>5.</b> Cer	tificate of	Status Des	íred		<b>\$8.75</b> Fee Requ		nal	
	6. Name a	and Address of Current	Registere	d Agent	1		7. Nar	ne and A	ddress of h	lew Reg	stered A	Agent			1
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CUESTA, ISABEL															_
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1610 COUNTRY CLUB PRADO					<u> </u>					-					-
CORAL G	ABLES FL 3	3134													1
						City FL Zip Code							ode		1
8. The above	named entity	submits this statement for	r the purp	ose of changing its re	egistered offi	ce or registe	ered agent	, or both,	in the State	of Florid	a. Iami	familiar wi	th, and	accept	1
the obligat	tions of registe	red agent.													ĺ
0.00.1471.15				به محصول في مداد به	en e ejentet	+ <u>-</u>			=				_		
SIGNATURE .	Signature, typed o	r printed name of registered agent	and title if app	licable. (NOTE: I	Registered Agent	signature require	ed when reinsta	ating)			DATE				
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		FEE IS \$550.00						9. Elect	ion Campai	gn Finan	cing	. \$5	.00.	<b>Л</b> ау Ве	
		2003 Fee will be \$750					1		Fund Contr	-	Ĕ	Add	led to	Fees	
Make Check	k Payable to	Florida Department o													
10.		OFFICERS AND	DIRECTO	RS	11.		ADDI	TIONS/CI	HANGES TO	OFFICE	RS AND	DIRECTO	)RS IN	11	↲.
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

osignateire required

7-14-03

Daytime Phone #