

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000034172

1. Entity Name

GABECO, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90014 006 ***150.00

Principal Place of Business

Mailing Address

IT UP

MAID IT UP

OFFICE BOX 2713

POST OFFICE BOX 2713

HALLANDALE FL 33008-2713

HALLANDALE FL 33008-2713

C0031945

2. Principal Place of Business

3. Mailing Address

3600 S STATE ROAD 7

C/O KARUL #1405

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE # 238

19195 MYSTIC POINTE DR.

City & State

City & State

MIRAMAR, FL

AVENTURA FL

Zip

Zip

33023

COUNTRY BROWARD

33180-4507

COUNTRY DADE



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0665476

Applied For

Not Applicable

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

Name

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

City

FL

Zip Code

KARUL, EVE
 19195 MYSTIC POINTE DRIVE #1405
 AVENTURA FL 33180

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 \$150.00

After MAY 1, 2000 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	P	<input type="checkbox"/> Delete
NAME	KARUL, EVE	
STREET ADDRESS	19195 MYSTIC POINTE DR., #1405	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WOLF, NORA	
STREET ADDRESS	2932 N. 33 RD. TERRACE	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORA WOLF C/O KARUL	
STREET ADDRESS	19195 MYSTIC POINTE DR. #1405	
CITY-ST-ZIP	AVENTURA, FL 33180-4507	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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:

SIGNATURE OF KARUL, EVE

3-1-00

Date

305 931-1942

Daytime Phone #

CR2E034 (9/99)