

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P96000054474**

1. Entity Name

**INTERIORS BY GABRIELE, INC.****FILED****Jan 29, 2000 8:00 am**  
**Secretary of State**

01-29-2000 90021 024 \*\*\*150.00

Principal Place of Business

Mailing Address

1616 CAPE CORAL PKWY. W. #104  
CAPE CORAL FL 339141616 CAPE CORAL PKWY. W. #104  
CAPE CORAL FL 33914-6253

2. Principal Place of Business

**4721 VINCENTNES BLVD.**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

**CAPE CORAL**

City &amp; State

4. FEI Number

**65-0675239**Applied For  
Not Applicable

Zip

**33904**

Country

**FLORIDA**

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

**FUNK, HORST**1616 COPE CORAL PKWY. W, #104  
CAPE CORAL FL 33914

Name

**FUNK, HORST**

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

**4330 SW 20th AVE**

City

**CAPE CORAL****FL**

Zip Code

**33914**

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

**HORST FUNK**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinsuring)

DATE

**1/24/00**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	<b>FUNK, HORST</b>	
STREET ADDRESS	<b>2606 S.W. 48TH TERRACE</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL 33914</b>	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FUNK, HORST</b>	
STREET ADDRESS	<b>4330 SW 20th AVE</b>	
CITY-ST-ZIP	<b>CAPE CORAL, FL 33914</b>	

TITLE	O	<input type="checkbox"/> Delete
NAME	<b>FUNK, GABRIELE</b>	
STREET ADDRESS	<b>2606 S.W. 48TH TERRACE</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL 33914</b>	

TITLE	O	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FUNK, GABRIELE</b>	
STREET ADDRESS	<b>4330 SW 20th AVE</b>	
CITY-ST-ZIP	<b>CAPE CORAL, FL 33914</b>	

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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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/24/00****941 540-912**