

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90031 042 ***150.00

DOCUMENT # P97000042005

1. Entity Name
GABRIEL REALTY, INC.

Principal Place of Business

3229 ACACIA STREET
LUTZ FL 33549
US

Mailing Address

P.O. BOX 273888
TAMPA FL 33688
US

2. Principal Place of Business

3229 ACACIA STREET

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LUTZ, FL

City & State

4. FEI Number

59-3447229

Applied For

Not Applicable

Zip

Country

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

KURIAL, Y.S.
14523 CYPRESS RUN
TAMPA FL 33624

Name

KURIAL, Y.S.

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

3229 ACACIA STREET

City

LUTZ

FL

Zip Code

33558-4926

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, 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 **P** ☐ Delete
NAME **KURIAL, Y. S.**
STREET ADDRESS **3229 ACACIA ST**
CITY-ST-ZIP **LUTZ FL 33549**

TITLE **P** ☐ Change ☐ Addition
NAME **KURIAL, Y.S.**
STREET ADDRESS **3229 ACACIA ST**
CITY-ST-ZIP **LUTZ, FL 33558-4926**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

KURIAL, Y.S.

1/31/02

813/909-4015

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)