

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90183 005 ***150.00

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DOCUMENT # P97000063095

1. Entity Name
GABLES AQUARIUM, INC.

Principal Place of Business 1563 SUNSET DRIVE CORAL GABLES FL 33143	Mailing Address 1563 SUNSET DRIVE CORAL GABLES FL 33143
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0772387** 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

~~FIORE, LOUIS~~
~~1563 SUNSET DRIVE~~
~~CORAL GABLES FL 33143~~

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. **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 NAME FIORE, LOUIS STREET ADDRESS 1563 SUNSET DRIVE CITY-ST-ZIP CORAL GABLES FL 33143	<input type="checkbox"/> Delete
TITLE VD NAME GAIMPETRO, GEORGE F STREET ADDRESS 1563 SUNSET DRIVE CITY-ST-ZIP CORAL GABLES FL 33143	<input type="checkbox"/> Delete
TITLE SD NAME FERNANDEZ, DAVID L STREET ADDRESS 1563 SUNSET DRIVE CITY-ST-ZIP CORAL GABLES FL 33143	<input type="checkbox"/> Delete
TITLE TD NAME VILLANUEVA, WILLIAM STREET ADDRESS 1563 SUNSET DRIVE CITY-ST-ZIP CORAL GABLES FL 33143	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____ **Date** **3-25-02** **Daytime Phone #** **305-662-7300**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)