

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000045202

1. Entity Name

GABLES BENZ AUTO SPORT INC.

FILED

May 03, 2001 8:00 am
Secretary of State

05-03-2001 90952 048 ***150.00

Principal Place of Business

518 NW 30 TH PLACE
MIAMI FL 33125

Mailing Address

PO BOX 143511
MIAMI FL 33114

2. Principal Place of Business

1048 NW. 33 AVENUE

Suite, Apt. #, etc.

3. Mailing Address

PO BOX 35-2347

Suite, Apt. #, etc.

City & State

MIAMI - FLORIDA

City & State

MIAMI - FLORIDA

4. FEI Number

65-0836457

Applied For

Not Applicable

Zip

Country

33125

Zip

Country

33125

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

SOTO, RUBEN O

7177 S.W. NORTH WATERWAY DRIVE
MIAMI FL 33155

Name

SOTO, RUBEN O.

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

518 NW. 30 PLACE

City

MIAMI - FLORIDA

FL

Zip Code

33125

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, 2001 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	D	<input checked="" type="checkbox"/> Delete
NAME	SOTO, RUBEN O	
STREET ADDRESS	7177 S.W. NORTH WATERWAY DRIVE	
CITY-ST-ZIP	MIAMI FL 33155	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOTO, RUBEN O.	
STREET ADDRESS	1048 NW. 33 AVENUE	
CITY-ST-ZIP	MIAMI - FLORIDA - 33125	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/26/01

(305) 642-2322

Date

Daytime Phone #

CR2E034 (10/00)