

2000 UNIFORM BUSINESS REPORT (UBR)

5/2

FILED
Jun 08, 2000 8:00 am
Secretary of State

DOCUMENT # P98000075904

1. Entity Name

GABRIELA INTERNATIONAL, INC.

Principal Place of Business

801 PONCE DE LEON BLVD.
 SUITE #601
 CORAL GABLES FL 33134

Mailing Address

901 PONCE DE LEON BLVD.
 SUITE #601
 CORAL GABLES FL 33134-3073

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

650978034

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALBORNOZ, WILLIAM H ESQ.
ALBORNOZ, SEGREDO & WEISZ
 901 PONCE DE LEON BLVD., SUITE #601
 CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when rehashing)

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

TITLE Delete
 NAME **D PINHEIRO ANDRADE, JADELSON**
 STREET ADDRESS **901 PONCE DE LEON BLVD., SUITE 601**
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE Delete
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
 NAME
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 CITY-ST-ZIP

TITLE Change Addition
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 CITY-ST-ZIP

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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: *X [Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANDRADE JADELSON President

Date

4/27/00

Daytime Phone #

1309 444 1741

CR2E034 (UBR)