

**2000 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P98 0000 82574** ✓

**GABI TRANSMISSION SERVICE, INC**

**FILED**  
**Jun 07, 2000 8:00 am**  
**Secretary of State**

06-07-2000 90007 013 \*\*\*150.00

**00857028/1500**

DO NOT WRITE IN THIS SPACE

1. Principal Office Address: **600 NW 22<sup>ND</sup> AVE MIAMI-FL 33125-**  
 Mailing Address: **600 NW 22<sup>ND</sup> AVE MIAMI-FL 33125**

2. Principal Office Address: \_\_\_\_\_  
 3. Mailing Address: \_\_\_\_\_

4. State: \_\_\_\_\_ City & State: \_\_\_\_\_  
 5. County: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

4. FEI Number: **65-0866 594** (Approved For: This Applicant)

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent:  
**QUINTANA, GABRIEL**  
**600 NW 22<sup>ND</sup> AVE**  
**MIAMI-FL 33125**

7. Name and Address of New Registered Agent:  
 Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
 City: \_\_\_\_\_ FL Zip Code: \_\_\_\_\_

8. The filer hereby certifies this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  
 SIGNATURE: *[Signature]* 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

<b>D</b>	<b>QUINTANA, GABRIEL</b> <b>550 SW 115 AVE, SUITE B-8</b> <b>MIAMI-FL 33174</b>	<input type="checkbox"/> Delete
		<input type="checkbox"/> Delete
		<input type="checkbox"/> Delete
		<input type="checkbox"/> Delete
		<input type="checkbox"/> Delete
		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IF ANY:

		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<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 contained 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 my address, with all other like empowered.

SIGNATURE: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/28/2000**

CR2E034 (9/99)