## DOCUMENT # **P98000086022** Mar 02, 2000 8:00 am 1. Entity Name **Secretary of State** GABLES BANQUET HALL, INC. 03-02-2000 90078 046 \*\*\*150.00 Principal Place of Business Mailing Address 7360 CORAL WAY 7360 CORAL WAY 19 MIAMI FL 33155 MIAMI FL 33155-1420 $\Gamma \Pi \Pi \Upsilon \Im \tau \Pi \Im$ 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 65-0867288 Applied For City & State City & State Not Applicable Zìp Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MARLEN SOTO SOTO, GENARO Street Address (P.O. Box Number is Not Acceptable) 17221 SW 142-CT <u> 13045 SW 68 ST #110</u> MIAMI FL 33177 Miami, FL. 33183 City Zip Code mits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entit 2/24/2000 MARLEN SOTO SIGNATURE printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Signature, typed or FILE, NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition **▼** Change Delete TITLE MARLEN SOTO ALVAREZ, JOSE NAME 13045 SW 68 ST #110 13045 SW 68TH ST APT 208 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Miami, FL. 33183 MIAMI FL V-P/D X Change ☐ Addition TITLE ☐ Delete TITLE JOSE ALVAREZ 13045 SW 68 ST #208 NAME SOTO, GENARO NAME STREET ADDRESS STREET ADDRESS 17221 SW 142 CT Miami, FL. 33183 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Delete TITLE X Change Addition S/D SOTO, MARITZA NAME NAME GENARO SOTO STREET ADDRESS STREET ADDRESS 13045 S.W. 68TH ST. #110 17221 SW 142 CT Miami, FL. 33177 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33183 **X**Change SD ☐ Delete TITLE T/D [ ] Addition TITLE SOTO, MARLEN NAME MAYRA ALVAREZ NAME 13045 SW 68 ST #204 STREET ADDRESS STREET ADDRESS 13045 S.W. 68TH ST. #110 CITY-ST-ZIP Miami, FL. 33183 CITY-ST-ZIF MIAMI FL 33183 TD Defete TITLE X Change Addition TITLE ALVAREZ, MAYRA NAME NAME MARITZA SOTO STREET ADDRESS STREET ADDRESS 13045 S.W. 68TH ST. #204 13045 SW 68 ST #110 CITY-ST-ZIP Miami, FL. 33183 CITY-ST-7IP **MIAMI FL 33183** X Change ☐ Addition TITLE ☐ Delete TITLE ANDRES, MESA NAME ANDRES MESA STREET ADDRESS STREET ADDRESS 13045 SW 68TH ST APT 1/10 13045 SW 68 ST #110 Miami, FL. 33183 CITY-ST-ZIP

2/24/2000 (305)266-1771 MARLEN SOTO SIGNATURE:

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 supplied perfort 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 fuscible empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

adbless, with all other like empowered.

CITY-ST-ZIP

MIAMI FL

changed, or on an attachment with

Daytime Phone #

**FILED**