

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 24, 2003 8:00 am
Secretary of State

0263916 AV

04-24-2003 90251 041 ***150.00

DOCUMENT # P98000086022



1. Entity Name
GABLES BANQUET HALL, INC.

Principal Place of Business
**7360 CORAL WAY
19
MIAMI FL 33155**

Mailing Address
**7360 CORAL WAY
19
MIAMI FL 33155**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0867288**

Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip Country

Zip Country

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, MARLEN
13045 SW 68 ST #110
MIAMI FL 33183**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	SOTO, MARLEN	
STREET ADDRESS	13045 SW 68 ST #110	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ALVAREZ, JOSE	
STREET ADDRESS	13045 SW 68 ST #208	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SOTO, GENARO	
STREET ADDRESS	17221 SW 142 CT	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ALVAREZ, MAYRA	
STREET ADDRESS	13045 SW 68 ST #204	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANDRES, MESA	
STREET ADDRESS	13045 SW 68TH ST APT 110	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE		<input type="checkbox"/> Delete
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
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 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

Date 4/21/03 Daytime Phone # (305) 266-1771

CFR2E034 (10/02)