

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #99000062072

1. Entity Name

GABRIELLA ESTATE HOMES, INC.

Principal Place of Business

Mailing Address

2688 SW 137 Ave.
Miami, Florida 33175

2450 SW 137 Ave.
Miami, Florida 33175

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Miami, Florida

Zip

Country

Zip

Country

33175

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

A&P Registered Agent, Inc.
2450 SW 137 Avenue
Suite 226
Miami, Florida 33175

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 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, 2000 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May B.
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
Mata, Hector
2688 SW 137 Avenue
Miami, Florida 33175 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
P.D.
Mata, Hector
2688 SW 137 Ave
Miami, FL 33175 ☒ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
Ramos, Alfonso, Jr.
2688 SW 137 Avenue
Miami, Florida 33175 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
VP, D
Ramos, Alfonso, Jr.
2688 SW 137 Ave
Miami, FL 33175 ☒ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
Mata, Nancy
2688 SW 137 Avenue
Miami, Florida 33175 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
S.D.
Mata, Nancy
2688 SW 137 Ave
Miami, FL 33175 ☒ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Add

13. I hereby certify that the information supplied in this filing does not qualify for the exemption stated in Section 130.04(3)(a) Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the owner or trustee of the trust or the person authorized to execute this report as required by Chapter 47, Florida Statutes, and that my name appears in Block 11 of this report. If changed, or on an affidavit with an address or in all other ways empowered.

SIGNATURE:

Nancy Mata

4/28/00 (305)221-333

FILED

00 MAY 11 PM 3:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number ☒ Applied For
Not Applicable

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