

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

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DOCUMENT # **P99000077070**

1. Entity Name

**S.F.A.B. INVESTMENTS CO.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**P.O. Box 347862**

Suite, Apt. #, etc.

3. Mailing Address

**P.O. Box 347862**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**Coral Gables, FL**

City & State

**Coral Gables, FL**

4. FEI Number

**65-0943744**

☒ Applied For

☐ Not Applicable

Zip

**33234**

Country

**USA**

Zip

**33234**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional**

**Fee Required**

7. Name and Address of Current Registered Agent

Name

**SPIEGEL & UTREKA, P.A.**

Street Address (P.O. Box Number is Not Acceptable)

**1840 Coral Way**

**4th Floor**

City

**Miami**

**FL**

Zip Code

**33145**

**DO NOT WRITE  
IN THIS SPACE**

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, typewritten or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when rate-stating)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.  
(See criteria on back)



January 1<sup>st</sup> - May 1<sup>st</sup> Fee is: **\$150.00**

After May 1<sup>st</sup> Fee is: **\$550.00**

Amended UBR is **\$61.25**

**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

NAME

STREET ADDRESS

CITY - ST - ZIP

**PDN/T/SIC  
GONZALES, GILBERTO  
14321 SW 31 ST  
MIAMI, FL 33175**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

4/29/02

305.207.7327

CR2E034B (12/01)