2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2001 8:00 am
Secretary of State
05-12-2001 90035 032 ***150.00

DOCUMENT # P99000103378

1. Entity Name: Gables Fabrics, Inc ✓

Principal Place of Business	Mailing Address
210 Miracle Mile Coral Gables, Fl. 33134	210 Miracle Mile Coral Gables, Fl. 33134

2. Principal Place of Business	3. Mailing Address
225 Miracle Mile	1643 Brickell AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc. PH 4701
City & State: Coral Gables, Fl.	City & State: Miami, Fl
Zip: 33134 Country: USA	Zip: 33129 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0964936 ☐ Applied For ☐ Not Applicable

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

6. **Name and Address of Current Registered Agent**

Alma Hernandez
1643 Brickell Ave. ph-4701
Miami, Fl. 33129

7. **Name and Address of New Registered Agent**

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, 2001 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

TITLE	Pres, Sec, Treas, VP	☐ Delete
NAME	Alma Hernandez	
STREET ADDRESS	1643 Brickell Ave. ph-4701	
CITY-ST-ZIP	Miami Fl. 33131	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

CR2E034 (9/99)

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Alma Hernandez 4/18/01 305-8588086
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ALMA HERNANDEZ