

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

05-29-2002 90707 012 \*\*\*150.00

**DOCUMENT # S52531**

1. Entity Name  
**GABELLY, INC.**

Principal Place of Business

~~20530 SW 51ST ST~~  
**FT LAUDERDALE FL 33332**  
**US**

Mailing Address

~~20530 SW 51ST ST~~  
**FT LAUDERDALE FL 33332**  
**US**

2. Principal Place of Business

**4474 Weston Rd**  
 Suite, Apt. #, etc.  
**162**

3. Mailing Address

**4474 Weston Rd**  
 Suite, Apt. #, etc.  
**162**

City & State  
**Weston, FL**

Zip  
**33331** Country

City & State  
**Weston, FL**

Zip  
**33331** Country

4. FEI Number **65-0266446**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**HALL, GABRIELA**  
**20530 SW 51 ST**  
**FORT LAUDERDALE FL 33332**

7. Name and Address of New Registered Agent

Name **Gabriela Hall**  
 Street Address (P.O. Box Number is Not Acceptable)  
**4474 Weston Rd Suite 162**  
 City **Weston** FL Zip Code **33331**

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 \_\_\_\_\_ (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, 2002 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 **P** ☐ Delete  
 NAME **HALL, GABRIELA**  
 STREET ADDRESS **20530 SW 51 ST**  
 CITY-ST-ZIP **FORT LAUDERDALE FL 33332**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
 NAME **4474 Weston Rd, #162**  
 STREET ADDRESS **Weston, FL 33331**  
 CITY-ST-ZIP

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

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

SIGNATURE: **Gabriela Hall**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5-1-02 954253 5298**  
 Date Daytime Phone #

CR2E034 (9/01)