

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 14, 2001 8:00 am**  
**Secretary of State**

04-27-2001 90304 010 \*\*\*150.00

**DOCUMENT # V73100**

1. Entity Name

**GABRIEL CORP. OF BOCA**

Principal Place of Business

8903 W. GLADES RD.  
 SUITE L10  
 BOCA RATON FL 33433

Mailing Address

8903 W. GLADES RD.  
 SUITE L10  
 BOCA RATON FL 33433

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0370611**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$0.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**GOLDSTEIN, CATHERINE**  
**8903 W. GLADES RD.**  
**SUITE L10**  
**BOCA RATON FL 33433**

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	DV	<input type="checkbox"/> Delete
NAME	GOLDSTEIN, CATHERINE	
STREET ADDRESS	8903 W. GLADES RD., SUITE L-10	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	DPST	<input type="checkbox"/> Delete
NAME	GOLDSTEIN, BERNARD	
STREET ADDRESS	8903 GLADES RD., L-10	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

*SIGN FORM X*

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I, \_\_\_\_\_, 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: *Bernard Goldstein* **BERNARD GOLDSTEIN** 4-21-01 561-852-7767  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)