

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90065 001 ***150.00

DOCUMENT # 272825

1. Entity Name

GABOR & CO., INC.

Principal Place of Business N.W. 79TH AVENUE 119 FL 33166	Mailing Address 3901 N.W. 79TH AVENUE SUITE 419 MIAMI FL 33126-1928
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BUU844UU



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7270 NW 12 STREET Suite, Apt. #, etc. SUITE 130 City & State MIAMI FL Zip 33126 Country USA	3. Mailing Address 7270 NW 12 STREET Suite, Apt. #, etc. SUITE 130 City & State MIAMI FL Zip 33126 Country USA
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4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GABOR, FRANK
3901 N.W. 79TH AVENUE
SUITE 419
MIAMI FL 33166

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 7270 NW 12 ST SUITE 130
 City
 MIAMI FL Zip Code
 33126

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 4-24-2000

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 Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE CD NAME GABOR, FRANK STREET ADDRESS 3901 N.W. 79TH AVENUE, SUITE 119 CITY-ST-ZIP MIAMI FL	<input type="checkbox"/> Delete	TITLE PCD NAME GABOR, FRANK STREET ADDRESS 7270 NW 12 ST, SUITE 130 CITY-ST-ZIP MIAMI FL 33126	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PO NAME GABOR, JEFFREY STREET ADDRESS 3534 THOMASVILLE RD CITY-ST-ZIP TALLAHASSEE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VPTD NAME GABOR, RONALD STREET ADDRESS 3901 N.W. 79TH AVE. #119 CITY-ST-ZIP MIAMI FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 7270 NW 12 ST, SUITE 130 MIAMI, FL 33126	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: DATE 4-24-2000 (305) 471 0028

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRCE034 (9/99)