

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2001 8:00 am**  
**Secretary of State**

03-05-2001 90070 039 \*\*\*\*\*61.25

**DOCUMENT # N20222**

1. Entity Name

**GATEWAY OFFICE/TECH CONDOMINIUM ASSOCIATION II,**

**926612**



DO NOT WRITE IN THIS SPACE

Principal Place of Business C/O ANGEL R. RODRIGUEZ 4961 S.W. 74TH CT. MIAMI FL 33155	Mailing Address C/O ANGEL R. RODRIGUEZ 4961 S.W. 74TH CT. MIAMI FL 33155
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

4. FEI Number <b>65-0027873</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>MIRABAL, JORGE</b> <b>2080 NW 191 AVENUE</b> <b>PEMBROKE PINES FL 33029</b>
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 <i>Jorge Mirabal</i> Signature, typed or printed name of registered agent and title if applicable.	DATE <i>01-23-01</i> (NOTE: Registered Agent signature required when reinstating)
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<b>FILE NOW:</b> <b>FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to</b> <b>Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>PD</b> <b>RODRIGUEZ, ANGEL R.</b> <b>4961 S.W. 74TH CT.</b> <b>MIAMI FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>M</b> <b>REBULL, PATRICK</b> <b>4941 SW 74 COURT</b> <b>MIAMI FL 33155</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>SD</b> <b>PALACIOS, RAFAEL</b> <b>4961 S.W. 74TH CT.</b> <b>MIAMI FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete <b>TD</b> <b>WINITZKY, CARLOS D.</b> <b>4961 S.W. 74TH COURT</b> <b>MIAMI FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>TD</b> <b>BORIS ZEDAN</b> <b>4961 SW 74 COURT</b> <b>MIAMI, FL 33155</b>
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"/> Change <input type="checkbox"/> Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Angel Rodriguez*  
 Date *2/28/01* Daytime Phone # *(305) 661-0024*

CR2E037 (10/00)