

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90127 024 \*\*\*\*61.25

**DOCUMENT # N29276**

1. Entity Name

**GATEWAY OFFICE/TECH CONDOMINIUM ASSOCIATION V, I  
NC.**



Principal Place of Business

**7487 SW 50TH TERRACE  
MIAMI FL 33155  
US**

Mailing Address

**TREASURE MANAGEMENT SERVICES  
P O BOX 822431  
PEMBROKE PINES FL 33082-2431  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0142023**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TREASURE MANAGEMENT SERVICES  
2080 NW 191 AVENUE  
PEMBROKE PINES FL 33029-4609**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature]*

**03-27-03**

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete  
NAME **LOPEZ, ENRIQUE J**  
STREET ADDRESS **4918 SW 74 COURT**  
CITY-ST-ZIP **MIAMI FL 33155**

TITLE **D** ☐ Change ☒ Addition  
NAME **PRICE, DAVID**  
STREET ADDRESS **7487 SW 50 TERRACE**  
CITY-ST-ZIP **MIAMI, FL 33155**

TITLE **T** ☐ Delete  
NAME **DE AGUIAR, ANA**  
STREET ADDRESS **4907 SW 75 AVENUE**  
CITY-ST-ZIP **MIAMI FL 33155**

TITLE **T** ☒ Change ☐ Addition  
NAME **DE AGUIAR, ANA**  
STREET ADDRESS **4907 SW 75 AVENUE**  
CITY-ST-ZIP **MIAMI, FL 33155**

TITLE **V** ☐ Delete  
NAME **ROUSSEAU, STEVEN**  
STREET ADDRESS **7469 SW 50 TERR**  
CITY-ST-ZIP **MIAMI FL 33155**

TITLE **D** ☐ Change ☒ Addition  
NAME **HARRIS, STUART**  
STREET ADDRESS **7463 SW 50 TERRACE**  
CITY-ST-ZIP **MIAMI, FL 33155**

TITLE **S** ☐ Delete  
NAME **MENDOZA, EUGENE**  
STREET ADDRESS **6460 SW 49 STREET**  
CITY-ST-ZIP **MIAMI FL 33155**

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

TITLE **D** ☐ Delete  
NAME **KHULY, JORGE**  
STREET ADDRESS **7481 SW 50 TERRACE**  
CITY-ST-ZIP **MIAMI FL 33155**

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

TITLE **D** ☐ Delete  
NAME **MCMAMARA, RUSSELL**  
STREET ADDRESS **7475 SW 50 TERRACE**  
CITY-ST-ZIP **MIAMI FL 33155**

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

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]* SIGNATURE REQUIRED

**03/28/03 305-934-4340**

CR2E037 (10/02)