

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90982 021 ****61.25

DOCUMENT # N98000004319

1. Entity Name
LITTLE HAITI GATEWAY, INC.

Principal Place of Business 200 SE FIRST ST. SUITE 704 MIAMI FL 33131	Mailing Address 200 SE FIRST ST. SUITE 704 MIAMI FL 33131-1909
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 91-1920705	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PELLERIN, MARIA S
200 SE FIRST ST, SUITE 704
MIAMI FL 33131

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]* DATE: **4/28/00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSINEK, JEFFREY		NAME	ED BELL	
STREET ADDRESS	1351 NW 12TH ST. RM. 405		STREET ADDRESS	1773 NW 79TH AVE	
CITY-ST-ZIP	MIAMI FL 33131		CITY-ST-ZIP	MIAMI, FL 33126	
TITLE	D	<input type="checkbox"/> Delete	TITLE	VO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSINEK, JEFF		NAME	FRED JACKSON	
STREET ADDRESS	1351 NW 12 ST, RM 308		STREET ADDRESS	1 ALHAMBRA PLAZA	
CITY-ST-ZIP	MIAMI FL 33125		CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASALE, FRANKLYN		NAME	JERRY BROOKS	
STREET ADDRESS	16400 NW 32 AVENUE		STREET ADDRESS	506 PERUQA AVE	
CITY-ST-ZIP	MIAMI FL 33054		CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROOKS, JERRY		NAME		
STREET ADDRESS	12368 SW 94TH TERR		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33186		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASALE, FRANKLYN		NAME		
STREET ADDRESS	16400 NW 32 AVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33054-6492		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLEMAN, JERRY		NAME		
STREET ADDRESS	2136 NW 8TH AVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33137		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]* DATE: **4/28/00** DAYTIME PHONE #: **305-371-8300**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)