

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2002 8:00 am**  
**Secretary of State**

05-16-2002 90022 003 \*\*\*\*70.00

**DOCUMENT # N98000004319**

1. Entity Name

**LITTLE HAITI GATEWAY, INC.**

Principal Place of Business

Mailing Address

**155 S MIAMI AV  
 SUITE 1150  
 MIAMI FL 33131**

**155 S MIAMI AV  
 SUITE 1150  
 MIAMI FL 33131**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**91-1920705**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**PELLERIN, MARIA S  
 155 S MIAMI AV  
 SUITE 1150  
 MIAMI FL 33131**

Name: **MARIA PELLERIN BARCUS**  
 Street Address (P.O. Box Number is Not Acceptable):  
**155 SOUTH MIAMI AVENUE**  
**SUITE 1150**  
 City: **MIAMI** FL Zip Code: **33131**

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

**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:  Delete  
 NAME: **SD CASALE, FRANKLYN**  
 STREET ADDRESS: **16400 NW 32 AVENUE**  
 CITY-ST-ZIP: **MIAMI FL 33054**

TITLE:  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE:  Delete  
 NAME: **PD BELL, ED**  
 STREET ADDRESS: **1773 NW 79TH AVE**  
 CITY-ST-ZIP: **MIAMI FL 33126**

TITLE:  Change  Addition  
 NAME: **VD LINDA S. QUICK**  
 STREET ADDRESS: **6363 TAFT STREET STE 200**  
 CITY-ST-ZIP: **HOLLYWOOD FL 33024**

TITLE:  Delete  
 NAME: **DV JACKSON, FRED**  
 STREET ADDRESS: **1 ALHAMBRA PLAZA**  
 CITY-ST-ZIP: **CORAL GABLES FL 33134**

TITLE:  Change  Addition  
 NAME: **CD FREDERICK JACKSON**  
 STREET ADDRESS: **1 ALHAMBRA PLAZA 8TH FLOOR**  
 CITY-ST-ZIP: **CORAL GABLES FL 33134**

TITLE:  Delete  
 NAME: **TD DE RAMON, GONZALO**  
 STREET ADDRESS: **701 BRICKELL AVE**  
 CITY-ST-ZIP: **MIAMI FL 33131**

TITLE:  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE:  Delete  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE:  Change  Addition  
 NAME: **PD MARIA PELLERIN BARCUS**  
 STREET ADDRESS: **155 SOUTH MIAMI AVENUE STE 1150**  
 CITY-ST-ZIP: **MIAMI FL 33131**

TITLE:  Delete  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

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 REQUIRED**

**4-24-02 (305) 371-8300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)