

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P97000023575

FILED  
Mar 14, 2003  
Secretary of State

Entity Name: NEWGATE VENTURE, INC.

**Current Principal Place of Business:**

226 NEW GATE LOOP  
LAKE MARY, FL 32746

**New Principal Place of Business:**

**Current Mailing Address:**

226 NEW GATE LOOP  
LAKE MARY, FL 32746

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ALVAREZ, JOE A JR  
226 NEW GATE LOOP  
LAKE MARY, FL 32746    US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title:                      P                      ( ) Delete  
Name:                      ALVAREZ, JR JOE A  
Address:                      226 NEW GATE LOOP  
City-St-Zip:                      LAKE MARY, FL 32746

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOE A ALVAREZ JR

P

03/14/2003

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date