

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90990 006 \*\*\*150.00

**DOCUMENT # P99000109427**



1. Entity Name  
**CAL-GAT, INC.**

Principal Place of Business  
**3801 PGA BOULEVARD, SUITE 600  
PALM BEACH GARDENS FL 33410**

Mailing Address  
**3801 PGA BOULEVARD, SUITE 600  
PALM BEACH GARDENS FL 33410**

11066045



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
Zip Country

4. FEI Number **65-0968156**  
Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**REGSERV CORP.  
3801 PGA BOULEVARD, SUITE 600  
WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **Palm Beach Gardens** **FL** Zip Code **33410**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>RENDINA, BRUCE A</b> <b>3801 PGA BOULEVARD, SUITE 600</b> <b>WEST PALM BEACH FL 33401</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D-</b> <input checked="" type="checkbox"/> Delete <b>FERRUCCI, MARK A</b> <b>CT CORPORATION SYSTEM 1209 ORANGE ST</b> <b>WILMINGTON DE 19801</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPST</b> <input type="checkbox"/> Delete <b>DISALVO, PATRICK J</b> <b>3801 PGA BOULEVARD, SUITE 600</b> <b>WEST PALM BEACH FL 33401</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPAS</b> <input type="checkbox"/> Delete <b>JURAN, LAWRENCE B</b> <b>3801 PGA BOULEVARD, SUITE 600</b> <b>PALM BEACH GARDENS FL 33410</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 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>D/P/CEO</b> <b>Palm Beach Gardens, FL 33410</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Taide Baez</b> <b>941 Fourth Street</b> <b>Miami Beach, FL 33139</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Palm Beach Gardens, FL 33410</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
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 607, 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**

4/1/03 (561) 630-5055

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)