

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # 555482

1. Entity Name
WESTGATE, INC.



Principal Place of Business
3201 NW 24TH ST RD
C/O MONOCANDILOS, JORDAN
MIAMI, FL 33142

Mailing Address
3201 NW 24TH ST RD
C/O MONOCANDILOS, JORDAN
MIAMI, FL 33142



01262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1863702

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MONOCANDILOS, JORDAN
3201 NW 24TH ST RD
MIAMI, FL 33142

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reissuing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MONOCANDILOS, THEODORA
STREET ADDRESS 3201 NW 24TH ST RD
CITY-ST-ZIP MIAMI, FL

TITLE VD
NAME MONOCANDILOS, JORDAN
STREET ADDRESS 3201 NW 24TH ST RD
CITY-ST-ZIP MIAMI, FL

TITLE S
NAME DIAZ, LILIA A.
STREET ADDRESS 3201 NW 24TH ST RD
CITY-ST-ZIP MIAMI, FL

TITLE T
NAME ISERN, JORGE E.
STREET ADDRESS 8230 S.W. 43RD TERRACE
CITY-ST-ZIP MIAMI, FL

TITLE VP
NAME MONOCANDILOS, NICOLAS
STREET ADDRESS 3201 NW 24TH ST RD
CITY-ST-ZIP MIAMI, FL 33142

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000150118
05/03/04-80213-009 158.75

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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #