

**2019 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F15000003184

**Entity Name:** GATEWAYS ORGANIZATION, INC.

**Current Principal Place of Business:**

11 WALLENBERG CIRCLE  
MONSEY, NY 10952

**Current Mailing Address:**

11 WALLENBERG CIRCLE  
MONSEY, NY 10952

**FEI Number: 13-3984085**

**Certificate of Status Desired: No**

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

VCORP SERVICES LLC  
5011 S STATE RD 7 SUITE 106  
DAVIE, FL 33314 US

*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

**Officer/Director Detail :**

Title CP  
Name SUCHARD, MORDECHAI  
Address 11 WALLENBERG CIRCLE  
City-State-Zip: MONSEY NY 10952

Title D  
Name AHDOUT, WILLIAM  
Address 21 FAIRVIEW AVE  
City-State-Zip: GREAT NECK NY 11023

Title D  
Name SILVER, YEHUDA  
Address 734 ARBUCKLE AVE  
City-State-Zip: WOODMERE NY 11598

Title T  
Name TAUBER, SHLOIMY  
Address 11 WALLENBERG CIRCLE  
City-State-Zip: MONSEY NY 10952

Title DIRECTOR  
Name GUREVICH, GREG  
Address 555 5TH AVENUE  
901  
City-State-Zip: NEW YORK NY 10017

*I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: MORDECHAI SUCHARD**

**DIRECTOR**

**02/10/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date