

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 287192

1. Entity Name

EAST GATE LAND, INC.

Principal Place of Business

4585 MERIDIAN AVENUE  
MIAMI BEACH FL 33140

Mailing Address

4585 MERIDIAN AVENUE  
MIAMI BEACH FL 33140-2944

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

13-2582876

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ABELOW, JOSEPH  
4585 MERIDIAN AVE  
MIAMI BEACH FL 33140

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back).

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	DVAS	<input type="checkbox"/> Delete
NAME	ABELOW, DAVID S.	
STREET ADDRESS	11230 REVELLE RD	
CITY-ST-ZIP	COOPER CITY FL 219	
TITLE	DVAS	<input type="checkbox"/> Delete
NAME	ABELOW, JUDITH I.	
STREET ADDRESS	2920 DUBLIN CIRCLE	
CITY-ST-ZIP	COOPER CITY FL 33026	
TITLE	DV	<input type="checkbox"/> Delete
NAME	ABELOW, DANIEL H	
STREET ADDRESS	446 TIMBERRIDGE DR	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ABELOW, JOSEPH	
STREET ADDRESS	4585 MERIDIAN AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	DVST	<input type="checkbox"/> Delete
NAME	ABELOW, RUTH M	
STREET ADDRESS	4585 MERIDIAN AVE.	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Joseph Abelow, Inc* JOSEPH ABELOW

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/2000

Date

305-538-5308

Daytime Phone #



DO NOT WRITE IN THIS SPACE

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