

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90033 012 ***150.00

DOCUMENT # 516881

1. Entity Name

GATEWAY INVESTMENTS CORP.

Principal Place of Business

**1475 WEST CYPRESS CREEK ROAD #202
FORT LAUDERDALE FL 33309**

Mailing Address

**C/O 200 S. BISCAYNE BLVD
#2350
MIAMI FL 33131
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1711939**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HELLINGER, ANDREW B ESQ
200 S. BISCAYNE BLVD
#2350
MIAMI FL 33131**

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 date of signature

(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 **TR** ☐ Delete
NAME **EISENBERG, GARY**
STREET ADDRESS **1475 W. CYPRESS CREEK RD, SUITE 202**
CITY-ST-ZIP **FT. LAUDERDALE FL 33309**

TITLE **PSD** ☐ Delete
NAME **EISENBERG, GARY**
STREET ADDRESS **1475 W. CYPRESS CREEK RD. - #202**
CITY-ST-ZIP **FT LAUDERDALE FL 33309**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **TR** ☒ Change ☐ Addition
NAME **Carl Platt**
STREET ADDRESS **9180 W. Bay Harbor Dr., Apt. 5C**
CITY-ST-ZIP **Bay Harbor Islands, FL 33154**

TITLE **PSD** ☒ Change ☐ Addition
NAME **Carl Platt**
STREET ADDRESS **9180 W. Bay Harbor Dr., Apt 5C**
CITY-ST-ZIP **Bay Harbor Islands, FL 33154**

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

CARL PLATT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 18/00
Date

305-865-9265
Daytime Phone #