

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 09, 2000 8:00 am**  
**Secretary of State**  
 08-09-2000 90080 043 \*\*\*150.00

**DOCUMENT # 564897**

1. Entity Name  
**GATEWAY HEARING AID CENTER, INC.**

Principal Place of Business

~~1040 EAST SUNRISE BOULEVARD  
 FORT LAUDERDALE FL 33304~~

Mailing Address

~~1040 EAST SUNRISE BOULEVARD  
 FORT LAUDERDALE FL 33304~~

2. Principal Place of Business

**10105 N.W. 71<sup>ST</sup> COURT  
 SUITE, APT. #, etc.  
 TAMARAC, FL. 33321**

3. Mailing Address

**10105 N.W. 71<sup>ST</sup> COURT  
 SUITE, APT. #, etc.  
 TAMARAC, FL. 33321**

City & State

**TAMARAC FL.**

City & State

**TAMARAC FL.**

Zip

**33321**

Country

**USA**

Zip

**33321**

Country

**USA**

6. Name and Address of Current Registered Agent

**ALPERT, NATHAN  
 1040 EAST SUNRISE BOULEVARD  
 FORT LAUDERDALE FL**

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 \$550.00  
 After SEPTEMBER 13, 2000 Min. will be \$750.00  
 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	PD	<input type="checkbox"/> Delete
NAME	ALPERT, DOROTHY	
STREET ADDRESS	<del>1040 E. SUNRISE BLVD.</del>	
CITY-ST-ZIP	<del>FT. LAUDERDALE FL</del>	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ALPERT, NATHAN	
STREET ADDRESS	<del>1040 E. SUNRISE BLVD.</del>	
CITY-ST-ZIP	<del>FT. LAUDERDALE FL</del>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**NATHAN ALPERT**  
 7-27-00 722-4134

CR2E034 (5/00)

attachment Doc# 564897  
D0076506

Gateway Hearing Aid Center  
1948 E. Sunrise Blvd.  
TAMARAC, FL 33304

10105 N.W. 71 ST  
TAMARAC, FL #564897  
33321

7/27/00

To Whom it may concern  
Respectfully wish to  
notify that I have not  
received my first notice  
about paying the \$150.00  
premium for Gateway Hearing  
Aid Center Inc. but I just  
got the 2nd notice about  
a \$400 penalty. In my 27  
years as a corporation, I  
never missed a payment as  
I always got the first notice.  
Please don't penalize me  
this time, as I do want to  
remain a corporation.

Enclosed is a check for  
\$150. As of MAY 1st I  
have a new address,  
GATEWAY Hearing Aid Center Inc.  
10105 NW 71 CUTO  
TAMARAC, FLA. 33321

Please Note this new address.  
No other copies.