

2000 UNIFORM BUSINESS REPORT (UBR)

U004723 AF

DOCUMENT # A93000001281

1. Entity Name
GATEWAY ASSOCIATES, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 27 AM 3:05



Principal Place of Business
THE GILLER BUILDING
975 ARTHUR GODFREY ROAD
MIAMI BEACH FL 33140

Mailing Address
THE GILLER BUILDING
975 ARTHUR GODFREY ROAD
MIAMI BEACH FL 33140-3329

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 65-0450982	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GILLER, NORMAN M
975 ARTHUR GODFREY RD.
SUITE 401
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record: \$845,460.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION	13. ADDRESS CHANGES ONLY
DOCUMENT # P93000082455 NAME GATEWAY GROUP, INC. STREET ADDRESS 975 ARTHUR GODFREY ROAD CITY - ST - ZIP MIAMI BEACH FL 33140	STREET ADDRESS _____ CITY - ST - ZIP _____
DOCUMENT # _____ NAME _____ STREET ADDRESS _____ CITY - ST - ZIP _____	STREET ADDRESS _____ CITY - ST - ZIP _____
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*****535.00 ***535.00**

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *[Signature]* **W. M. GILLER** 4/18/00 305-538-6324

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)