

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000001558**

1. Entity Name

GATEWAY Business Centre, LTD

Principal Place of Business

**3093 46th Ave No
ST. Petersburg FL
33714**

Mailing Address

**1000 LINCOLN RD
#206
MIAMI BEACH, FL 33139**

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

65-0769423

Applied For

Not Applicable

5. Certificate of Status Desired

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**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DAVID B FLEEMAN
1000 LINCOLN RD
206
MIAMI BEACH FL 33139**

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

David B Fleeman

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

11107424

10. Amount of Capital Contributions
in FLORIDA to date.

11107424

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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 #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

**1000 Lincoln Road #206
Miami Beach FL 33139**

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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

**500004714045--9
-12/07/01--01031--008
****526.25 ****526.25**

DOCUMENT #
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CITY-ST-ZIP

**GATEWAY Business Centre Management Inc
1000 Lincoln Road, Suite 206
Miami Beach FL 33139**

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:

David B Fleeman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4-15-01

CR2E003 (11/00)