

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0009068  
AT

DOCUMENT # **A98000002914**

1. Entity Name

**SCHECTER GATEWAY LTD.**

02 MAR 27 PM 2:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**1060 N. NORTHLAKE DRIVE  
HOLLYWOOD FL 33019**

Mailing Address  
**1060 N. NORTHLAKE DRIVE  
HOLLYWOOD FL 33019**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2002**

City & State

City & State

4. FEI Number **65-0884238**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**GLASSER, GENE K  
C/O ABRAMS ANTON P.A.  
2021 TYLER STREET  
HOLLYWOOD FL 33022**

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

9. Capital Contributions as Shown on record. **\$1,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

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 **SCHECTER, AARON**  
STREET ADDRESS **1060 N. NORTHLAKE DRIVE**  
CITY-ST-ZIP **HOLLYWOOD FL 33019**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME **SCHECTER, AARON**  
STREET ADDRESS **1060 N. NORTHLAKE DRIVE**  
CITY-ST-ZIP **HOLLYWOOD FL 33019**

STREET ADDRESS

CITY-ST-ZIP

**200005175222--6**

**-03/29/02--01002--010**

**\*\*\*\*\*578.75 \*\*\*\*\*526.25**

**EF \$526.25**

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STREET ADDRESS  
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CITY-ST-ZIP

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:

*Aaron Schecter*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**1/15/02**

CR2E003 (9/01)

STAPLE CHECK HERE