

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90055 015 \*\*\*150.00

**DOCUMENT # F00000005289**

1. Entity Name

**INTERNATIONAL MANUFACTURERS GATEWAY, INC.**

Principal Place of Business

12403 ROCKLEDGE CIRCLE  
 BOCA RATON FL 33428

Mailing Address

12403 ROCKLEDGE CIRCLE  
 BOCA RATON FL 33428

2. Principal Place of Business

**285 B N. Lake View Blvd.**

3. Mailing Address

**285 B N. Lake View Blvd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Cocoa FL**

City & State

**Cocoa FL**

Zip

Country

**32926 Brevard**

Zip

Country

**32926 Brevard**

4. FEI Number

**APPLIED FOR**

**65-1038564**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

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 \$150.00**  
**After MAY 1, 2001 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 ☐ Delete  
 NAME **S OTTO, DAVID M**  
 STREET ADDRESS **999 THIRD AVENUE, SUITE 3210**  
 CITY-ST-ZIP **SEATTLE WA 98104**

TITLE ☐ Delete  
 NAME **T GOLDBERG, BARRY**  
 STREET ADDRESS **12403 ROCKLEDGE CIRCLE**  
 CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE ☒ Delete  
 NAME **CD PARKER, JERRY**  
 STREET ADDRESS **7820 SOUTH HOLIDAY DRIVE, SUITE 320**  
 CITY-ST-ZIP **SARASOTA FL 34231**

TITLE ☐ Delete  
 NAME **D BADOLATO, ANDREW**  
 STREET ADDRESS **7820 SOUTH HOLIDAY DRIVE, SUITE 320**  
 CITY-ST-ZIP **SARASOTA FL 34231**

TITLE ☐ Delete  
 NAME **D RUBIO, TOM**  
 STREET ADDRESS **7820 SOUTH HOLIDAY DRIVE, SUITE 320**  
 CITY-ST-ZIP **SARASOTA FL 34231**

TITLE ☐ Delete  
 NAME **D GOMES, TONY**  
 STREET ADDRESS **7820 SOUTH HOLIDAY DRIVE, SUITE 320**  
 CITY-ST-ZIP **SARASOTA FL 34231**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition  
 NAME **President, CEO Richard Kevin Krause**  
 STREET ADDRESS **285 B Lake View Blvd**  
 CITY-ST-ZIP **Cocoa, Florida 32926**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-27-01**

Date

**321-639-0914**

Daytime Phone #

CR2E034 (10/00)