**FILED**
**May 05, 2003 8:00 am**
**Secretary of State**
05-05-2003 90110 029 ***150.00

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F01000005237

70055222

1. Entity Name
NETGATES, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1761 W HILLSBORO BLVD<br>STE 401<br>DEERFIELD BEACH, FL 33442 | 1761 W HILLSBORO BLVD<br>STE 401<br>DEERFIELD BEACH, FL 33442 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 4040 GALT OCEAN DRIVE | 4040 GALT OCEAN DR |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: FORT LAUDERDALE, FL | City & State: FORT LAUDERDALE, FL |
| Zip: 33308 Country: USA | Zip: 33308 Country: USA |

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-0284239 ☐ Applied For ☐ Not Applicable

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 |
|---|---|
| D'AGOSTINO, DINO<br>1761 W HILLSBORO BLVD<br>STE 401<br>DEERFIELD BEACH, FL 33442 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when executing)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DCP<br>D'AGOSTINO, DINO<br>1755 SE 9TH ST<br>FT LAUDERDALE, FL 33316 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BROWN, WILLIAM G<br>HARBOR VIEW PLACE<br>STATEN ISLAND, NY 10305 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>DESANTIS, LOUIS<br>1761 W HILLSBORO BLVD STE 401<br>DEERFIELD BEACH, FL 33442 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DVP<br>TODD, GARY<br>4640 GALT OCEAN DR.<br>FORT LAUDERDALE, FL 33308 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ DINO D'AGOSTINO 04/30/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

954-566-7500
Area Code & Daytime Phone Number