

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F96000006232

1. Entity Name  
MAINGATE OPERATING CORPORATION



Principal Place of Business  
3250 MARY STREET  
SUITE 500  
MIAMI, FL 33133

Mailing Address  
3250 MARY STREET  
SUITE 500  
MIAMI, FL 33133

FILED

04 MAR 18 AM 8:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01162004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
76-0511428

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

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST ALIBHAI, KARIM 3250 MARY STREET, STE. 500 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS REILLY, E. DONALD JR 3250 MARY STREET, STE. 500 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

300030385413  
03/12/04--01052--008 \*\*500.00

**DO NOT WRITE  
IN THIS SPACE**

*FF \$500.00*

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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/20/04

Date

Daytime Phone #