

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 22, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # F98000003432

1. Entity Name

SOUTHGATE TAMPA INDUSTRIAL, INC.



Principal Place of Business

% QUADRELLE REALTY  
ONE WEST AVE  
LARCHMONT, NY 10538

Mailing Address

% QUADRELLE REALTY  
ONE WEST AVE  
LARCHMONT, NY 10538



04182005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

52-2104828

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BRUDERMAN, ROBERT  
551 NW 77TH ST, SUITE 100  
BOCA RATON, FL 33487

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CP
NAME	LANG, BARRY
STREET ADDRESS	5980 E. TERRA GRANDE
CITY - ST - ZIP	TUCSON, AZ 85750
TITLE	VCV
NAME	WENDEL, GERALD
STREET ADDRESS	215 S. MONARCH ST
CITY - ST - ZIP	ASPEN, CO 81611
TITLE	TD
NAME	LICHTER, STUART
STREET ADDRESS	4300 VIA ALONDRA
CITY - ST - ZIP	PALOS VERDES ESTATES, CA 90274
TITLE	AS
NAME	BERGMAN, THOMAS H
STREET ADDRESS	525 VINE ST
CITY - ST - ZIP	CINCINNATI, OH 45202
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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04/22/05-80064-007 150.00

**DO NOT WRITE  
IN THIS SPACE**

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

STUART LICHTER

Date

4/18/05

Daytime Phone #