

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT.# L00000000363

1. Entity Name
GATEWAY 3000 INVESTMENT GROUP, LLC

Principal Place of Business
5300 NORTH FEDERAL HIGHWAY
FT. LAUDERDALE FL 33308

Mailing Address
5300 NORTH FEDERAL HIGHWAY
FT. LAUDERDALE FL 33308

FILED

01 APR 27 PM 2: 54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0978494

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DOODY, DONALD J
3099 E. COMMERCIAL BLVD., #200
FT. LAUDERDALE FL 33308

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE MGR
NAME RAUCH, RANDALL A
STREET ADDRESS 5300 NORTH FEDERAL HIGHWAY
CITY-ST-ZIP FT. LAUDERDALE FL 33308 ☐ Delete

TITLE
NAME 700004211647 ☐ Change ☐ Addition
STREET ADDRESS -05/11/01--01071--024
CITY-ST-ZIP *****50.00 *****50.00

TITLE MGR
NAME KIDWELL, JACK KEITH
STREET ADDRESS 5300 NORTH FEDERAL HIGHWAY
CITY-ST-ZIP FT. LAUDERDALE FL 33308 ☐ Delete

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

TITLE MGR
NAME FISCHER, CHARLES W JR
STREET ADDRESS 4057 N.E. 5TH TERRACE
CITY-ST-ZIP OAKLAND PARK FL 33334 ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/25/01

9544894707

CR2E083 (11/00)

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