

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

L 0000000 4362

1. Entity Name

Financial Gateway to Asia, LLC

Principal Place of Business

Mailing Address (same)

1600 Shattuck Ave #212
Berkeley CA 94709

FILED

01 FEB 13 PM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

05-0886102

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Stephen Screnci
3200 North Military Trail
Suite 200
Boca Raton, FL 33431

Name
C T Corporation System
Street Address (P.O. Box is Not Acceptable)
1200 South Pine Island Road
City Plantation FL 33324

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 Connie Bryan

CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY

2-13-01

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 NAME
mgr James D. Diggeorgia
STREET ADDRESS 1900 Glades Rd #441
CITY-ST-ZIP Boca Raton, FL 33431 ☒ Delete

TITLE NAME
Co., Manager Daniel M. Rosenthal
STREET ADDRESS 1600 Shattuck Avenue #212
CITY-ST-ZIP Berkeley, CA 94709 ☐ Change ☒ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP Treasurer, mgr Ellen M. Young
1600 Shattuck Ave #212
Berkeley CA 94709 ☐ 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

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

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

Ellen Young, mgr.

2/8/01 510-644-0991

Date

Daytime Phone #

CR2E083 (11/00)