

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000007670

1. Entity Name

GATEWAY INVESTMENTS, L.L.C.

Principal Place of Business

9240 BONITA BEACH ROAD, SUITE 1117  
BONITA SPRINGS FL 34135

Mailing Address

9240 BONITA BEACH ROAD, SUITE 1117  
BONITA SPRINGS FL 34135

2. Principal Place of Business

27299 Riverview Center Blvd

3. Mailing Address

Suite, Apt. #, etc.

Suite #102

City & State

Bonita Springs, FL

Suite, Apt. #, etc.

City & State

Zip

34134

Country

USA

Zip

Country

4. FEI Number

59-266-9240

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WENWIESER, DIETER

9240 BONITA BEACH ROAD, SUITE 1117

BONITA SPRINGS FL 34135

7. Name and Address of New Registered Agent

Name

Wenwieser, Dieter

Street Address (P.O. Box Number is Not Acceptable)

27299 Riverview Center Blvd. #102

City

Bonita Springs

FL

Zip Code

34134

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]*

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

Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE

MGR

NAME

WENWIESER, DIETER

STREET ADDRESS

9240 BONITA BEACH ROAD, SUITE 1117

CITY-ST-ZIP

BONITA SPRINGS FL 34135

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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TITLE

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TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE

MGR

NAME

Wenwieser, Dieter

STREET ADDRESS

27299 Riverview Center Blvd. #102

CITY-ST-ZIP

Bonita Springs, FL 34134

☒ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

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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]*

SIGNATURE REQUIRED

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

17-Apr-2002

Date

944 947 9253

Daytime Phone #

FILED  
Jun 19, 2002 8:00 am  
Secretary of State

05-07-2002 90340 001 \*\*\*200.00

94201



DO NOT WRITE IN THIS SPACE

CR2083 (9/01)