## ريده والمكر 2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 24, 2000 8:00 am Secretary of State DOCUMENT # **L79354** 1. Entity Name GATEWAY GLOBAL (USA), INC. 03-24-2000 90121 028 \*\*\*150.00 Principal Place of Business Mailing Address 10485 NW 28TH ST 10485 NW 28TH ST MIAMI FL 33172 MIAMI FL 33172-2152 HHARARAY 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0193685 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BURROWS, GARETH MOROT-GAVDRY, ALAIN Street Address (P.O. Box Number is Not Acceptable) 10485 NW 28TH ST NW 28 ST. 10485 **MIAMI FL 33172** Zin Code 331つ2 ment for the purpose of changing at Tegistered office or registered agent, or both, in the State of Florida 8. The above name SIGNATURE (NOTE: Registered Agent signature required when reinstating) ne of registered agent and title if applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Atter MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State M (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. □ Change ☐ Addition Delete TITI F TITLE MOROT-GAUDRY, ALAIN NAME NAME STREET ADDRESS STREET ADDRESS 10485 NW 28TH ST CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33172-2152 □ Change ☐ Addition Delete TITLE TITLE MOROT-GAUDRY, ALAIN NAME NAME STREET ADDRESS STREET ADDRESS 10485 NW 28TH ST CITY-ST-ZIP CITY-ST-ZIE MIAMI FL 33172-2152 Change Addition Delete TITLE. BURROWS, GARETH NAME STREET ADDRESS STREET ADDRESS MIAMI, FL 33172-2152 CITY-ST-ZIP CITY-ST-ZIP Change Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NASAF **TMAN** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ · Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

D TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: