2000 UNIFORM BUSINESS REPORT (UBR)

DOCUI	MENT # L9900	0003612			SECRETAR	LED Y DE CT	1 T n	
GATEWAY.REALTY.SOUTHFLORIDA.LLC					SECRETARY OF STATE DIVISION OF CORPORATIONS			
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Principal Place of Business Mailing Address					0	**********	UZ .	
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750	Place of Business LEXINGTON AVA 18th FL		Mailing Address 750 Kunyow Ave 187 Fl Suite Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
Suite, Apt. <i>Ne u</i>		Suite, Apt. #, etc.			. DO NOT W	THE IN THIS	SPACE	
City & State C		City & State NEN TORY	. 17		4. FEI Number Applied For X Not Applicab			
Zip ///	Country 1/5	Zip 10022	Country	5. Certi	ficate of Status Desired		\$5.00 Add	
	6. Name and Address of Current F		1	7. Name	e and Address of New	Registered	Agent	
	to the contraction of the contra	- Name	Name					
	tein, Barry e ESQ. En, McClosky, Smith, Schuste	FR & RIIS	Street Add	iress (P.O. Box N	lumber is Not Acceptat	ole)		
	r Broward Blvd., 15th Floor							
	·		C!+.			F	Zip Cod	е
	UDERDALE FL 33301		City				-	
FORT LA	UDERDALE FL 33301 named entity submits this statement for	the purpose of changing its		egistered agent, o	or both, in the State of		-]	
FORT LAI	named entity submits this statement for	· .		egistered agent, o	or both, in the State of	Florida.		
FORT LA		· .			ng)	Florida.		
FORT LAI	named entity submits this statement for	nd title if applicable. (NOT	E: Registered Agent signature OW!!! FEE IS \$5	required when reinstati	40000 -08/	DATE 23/00-	9 994 -01092	
FORT LAI 8. The above SIGNATURE	named entity submits this statement for Signature, typed or printed name of registered agent ar	FILE No.	E: Registered Agent signature OW!!! FEE IS \$50 syable to Departm	required when reinstati	4000 4000 -08/ ***	DATE 3 3 6 2 23/00- **50,00	3934 -01032) *****	9 9 9
FORT LAU 8. The above SIGNATURE 9.	named entity submits this statement for Signature, typed or printed name of registered agent as MANAGING MEMBER	rid title if applicable. (NOT FILE Not Make Check Pa	E: Registered Agent signature OW!!! FEE IS \$5: syable to Departm	required when reinstati	4000 4000 -08/ ***	DATE 23/00-	3934 -01092) *****	50.UU
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9. IIILE NAME STREET ADDRESS CITY-ST-ZIP	named entity submits this statement for Signature, typed or printed name of registered agent as MANAGING MEMBER MGRM GATEWAY.REALTY.LLC	FILE NOT Make Check Pa RS/MANAGERS Delete FLOOR	E: Registered Agent signature OW!!! FEE IS \$5 syable to Departm: 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	required when reinstati	4000 4000 -08/ ***	DATE 3 3 6 2 23/00- **50,00	3934 -01092) ***** S □ Change	SU.UU □ Addition
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