

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 04, 2002 8:00 am
Secretary of State

06-04-2002 90201 011 ****55.00

DOCUMENT # M01000002735

1. Entity Name

GATEWAY ASSOCIATES LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21285 Hilltop

Suite, Apt. #, etc.

P48-A

City & State

Southfield, MI

Zip

48034

Country

USA

3. Mailing Address

2210 NE 117 Road

Suite, Apt. #, etc.

City & State

North Miami, Florida

Zip

33181

Country

USA

968439

DO NOT WRITE IN THIS SPACE

4. FEI Number

38-3431591

Applied For

Not Applicable

5. Certificate of Status Desired

☒ - \$5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Rosalind Smith

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

2210 NE 117 Road

City

North Miami

FL

Zip Code

33181

**DO NOT WRITE
IN THIS SPACE**

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

Rosalind Smith

DATE

5-1-02

FEE IS \$50.00

Make Check Payable to Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME

President
Rosalind Smith
2210 NE 117 Road
North Miami, FL 33181

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE
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IN THIS SPACE**

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:

Rosalind Smith

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

Date

05-1-02

Daytime Phone #

305

892-1444

CR2E083B (12/01)