

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90749 047 \*\*\*\*55.00

**DOCUMENT # M01000002735**

1. Entity Name

**GATEWAY ASSOCIATES LLC**



Principal Place of Business

**21285 HILLTOP  
P48-A  
SOUTHFIELD MI 48034**

Mailing Address

**2210 NE 117 ROAD  
NORTH MIAMI FL 33181**

2. Principal Place of Business

**22755 Nottingham Lane  
Suite, Apt. #, etc.  
1526**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**Southfield, Michigan  
Zip  
48034  
Country  
USA**

City & State

Zip

Country

4. FEI Number

**38-3431591**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$5.00 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**SMITH, ROSALIND  
2210 N.E. 117 ROAD  
NORTH MIAMI FL 33181**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Rosalind Smith*

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/7/03**

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **P** ☐ Delete  
NAME **SMITH, ROSALIND**  
STREET ADDRESS **2210 N.E. 117 ROAD**  
CITY-ST-ZIP **NORTH MIAMI FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

*Rosalind Smith*  
**Rosalind Smith**

Date

**4/7/03 313-283-5335**

Daytime Phone #

CR2E083 (10/02)

0022618