

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2002 8:00 am**  
**Secretary of State**

01-31-2002 90041 048 \*\*\*158.75

**DOCUMENT # M95792**

**1. Entity Name**  
**GATEWAY CONSTRUCTION GROUP, INC.**

**Principal Place of Business**

% SIDNEY Z. BRODIE  
 7270 N.W. 12TH ST. PH-1  
 MIAMI FL 33126

**Mailing Address**

% SIDNEY Z. BRODIE  
 7270 N.W. 12TH ST. PH-1  
 MIAMI FL 33126



**2. Principal Place of Business**

12200 SW 71<sup>ST</sup> CT  
 Suite, Apt. #, etc.

**3. Mailing Address**

12200 SW 71<sup>ST</sup> CT  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**

PINECREST, FL  
 Zip 33156 Country

**City & State**

PINECREST, FL  
 Zip 33156 Country

**4. FEI Number**

65-0123528

**Applied For**

Not Applicable

**5. Certificate of Status Desired**

☒ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

BRODIE, SIDNEY Z.  
 7270 N.W. 12TH ST.  
 PH-1  
 MIAMI FL 33126

**7. Name and Address of New Registered Agent**

Name **MARK BAROCAS**  
 Street Address (P.O. Box Number is Not Acceptable)  
 12200 SW 71<sup>ST</sup> CT  
 City **PINECREST** **FL** Zip Code **33156**

**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** *Mark Barocas*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**DATE**

1/11/02

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.**  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing**  
 Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>PDS</b>	<input checked="" type="checkbox"/> Delete
<b>NAME</b>	<b>BRODIE, SIDNEY Z.</b>	
<b>STREET ADDRESS</b>	<b>7270 N.W. 12TH ST. PH-1</b>	
<b>CITY-ST-ZIP</b>	<b>MIAMI FL</b>	
<b>TITLE</b>	<b>DV</b>	<input checked="" type="checkbox"/> Delete
<b>NAME</b>	<b>BRODIE, GERALDINE P</b>	
<b>STREET ADDRESS</b>	<b>7270 NW 12TH ST PH-1</b>	
<b>CITY-ST-ZIP</b>	<b>MIAMI FL</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	<b>MARK BAROCAS</b>	
<b>STREET ADDRESS</b>	<b>12200 SW 71<sup>ST</sup> CT</b>	
<b>CITY-ST-ZIP</b>	<b>PINECREST, FL 33156</b>	
<b>TITLE</b>	<b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	<b>LOUIS BAROCAS</b>	
<b>STREET ADDRESS</b>	<b>10301 SW 125TH ST</b>	
<b>CITY-ST-ZIP</b>	<b>MIAMI, FL 33176</b>	
<b>TITLE</b>	<b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	<b>RUSSELL SILVERMAN</b>	
<b>STREET ADDRESS</b>	<b>6619 S. DIXIE HWY</b>	
<b>CITY-ST-ZIP</b>	<b>MIAMI FL 33143</b>	
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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.**

**SIGNATURE:**

*Mark Barocas*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Date**

1/11/02

**Daytime Phone #**

305 592-2462

CR2E034 (9/01)