

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90277 021 ****61.25

DOCUMENT # N13579



1. Entity Name
GATEWAY OFFICE/TECH CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
7400 S.W. 48 STREET
MIAMI, FL 33155 US

Mailing Address
PO BOX 830273
MIAMI, FL 33283-0273 US

20041030



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04082005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-2798846

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SKRUD, INC.
201 ALHAMBRA DRIVE STE 1102
MIAMI, FL 33134

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE VP ☐ Delete
NAME ANGEL, NELLO
STREET ADDRESS 7400 S.W. 48 STREET
CITY-ST-ZIP MIAMI, FL 33155

TITLE D ☐ Delete
NAME LOPER, CLEVE
STREET ADDRESS 7400 S.W. 48 STREET
CITY-ST-ZIP MIAMI, FL 33155

TITLE P ☐ Delete
NAME TORRES, JUAN
STREET ADDRESS 7400 S.W. 48 STREET
CITY-ST-ZIP MIAMI, FL 33155

TITLE TD ☐ Delete
NAME PEREZ-ALONSO, RAMON
STREET ADDRESS 7450 SW 48 STREET
CITY-ST-ZIP MIAMI, FL 33155

TITLE SD ☐ Delete
NAME SUAREZ, FRANK
STREET ADDRESS 7430 SW 48 STREET
CITY-ST-ZIP MIAMI, FL 33155

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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
NAME
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NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #