


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90728 039 ***158.75

DOCUMENT # P00000020872

1. Entity Name
MAX GATEWAY, INC.



Principal Place of Business
**2875 N.E. 191 STREET
PENTHOUSE 1
AVENTURA FL 33180**

Mailing Address
**2875 N.E. 191 STREET
PENTHOUSE 1
AVENTURA FL 33180**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1030759** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PREMIER ASSET MGMNT, INC.
2100 PARK CENRTAL BLVD N
STE 900
POMPANO BEACH FL 33064**

7. Name and Address of New Registered Agent

Name: **Theodore J. Klein, Esq**
Street Address (P.O. Box Number is Not Acceptable):
88 NE 168th Street
City: **North Miami Beach FL** Zip Code: **33162**

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: *Theodore J. Klein* DATE: **3/3/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D AZOUT, JACK 2875 NE 191 ST PH 1 AVENTURA FL 33180 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D AZOUT, GILDA 2875 NE 191 ST PH 1 AVENTURA FL 33180 | <input type="checkbox"/> Delete |
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|---|
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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 607, 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: *Theodore J. Klein* DATE: **3/6/03** (305) 935-5175

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)