

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90063 019 \*\*\*150.00

0140907 AV

**DOCUMENT # P01000004425**

1. Entity Name

**GATE EXPECTATIONS, INC.**

Principal Place of Business

~~7705 SW 86TH ST APT B-117~~  
~~MIAMI FL 33143~~

Mailing Address

~~7705 SW 86TH ST APT B-117~~  
~~MIAMI FL 33143~~

2. Principal Place of Business

**17921 NW 2nd Ave**  
Suite, Apt. #, etc.  
**Miami FL 33015**

3. Mailing Address

**17921 NW 2nd Ave**  
Suite, Apt. #, etc.

City & State

**Miami, FL**

4. FEI Number

**65-1067811**

Applied For

Not Applicable

Zip

**33015**

Country

**U.S.**

Zip

**33015**

Country

**U.S.**

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**VAN DER LAAN, GARY**

~~7705 SW 86TH ST APT B-117~~

~~MIAMI FL 33143~~

7. Name and Address of New Registered Agent

Name

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

**17921 NW 81 Ave**

City **Miami**

**FL**

Zip Code

**33015**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE **PO** ☐ Delete  
NAME **VAN DER LAAN, GARY**  
STREET ADDRESS ~~7705 SW 86TH ST APT B-117~~  
CITY-ST-ZIP ~~MIAMI FL 33143~~

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PO** ☒ Change ☐ Addition  
NAME **Gary vander Laan**  
STREET ADDRESS **17921 NW 81 Ave**  
CITY-ST-ZIP **Miami, FL 33015**

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Gary vander Laan**

**3/26/02**

**305 968 5700**

Date

Daytime Phone #

CR2E034 (9/01)