FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
05-27-2002 90431 040 ***150.00

DOCUMENT # P01000043506

1. Entity Name
GATEWAY CONNECTION CORP.

670810

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2. Principal Place of Business	3. Mailing Address
4825 SW 149 CT.	same
Suite, Apt #, etc. C	Suite, Apt # etc
City & State Miami FL	City & State
Zip 33185 / Country USA	Zip / Country

4. FEI Number 65-1101003 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent
Name ANNETTE ALCOVER
Street Address (P.O. Box Number is Not Acceptable) 4825 SW 149 CT. Unit C
City Miami FL Zip Code 33185

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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] 5/1/02
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. X (See criteria on back)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	P/T	TITLE	
NAME	EDUARDO A. TRIANA	NAME	
STREET ADDRESS	4825 SW 149 CT. Unit C	STREET ADDRESS	
CITY-ST-ZIP	Miami FL 33185	CITY-ST-ZIP	
TITLE	VP/S	TITLE	
NAME	ANNETTE ALCOVER	NAME	
STREET ADDRESS	4825 SW 149 CT. Unit C	STREET ADDRESS	
CITY-ST-ZIP	Miami FL 33185	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] ANNETTE ALCOVER 05/01/02 305-479-9623
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #