

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

03-12-2002 90267 025 ***150.00

0265005 AV

DOCUMENT # P01000048951

1. Entity Name

GATE POWER, INC.

Principal Place of Business

7852 N.W. 71 STREET
MIAMI FL 33166

Mailing Address

7852 N.W. 71 STREET
MIAMI FL 33166

2. Principal Place of Business

8070 N.W. 53rd Street

Suite, Apt. #, etc.

110

City & State

MIAMI, FL

Zip

33166

Country

3. Mailing Address

8070 N.W. 53rd Street

Suite, Apt. #, etc.

110

City & State

MIAMI, FL

Zip

33166

Country

4. FEI Number

65-1104405

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

TORRES, JOSE

300 ARAGON AVENUE

SUITE 200

CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

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.

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 ☐ Delete
 NAME PTD
 STREET ADDRESS SADALLA, MARCOS
 CITY-ST-ZIP RUA LUCINDA RABELO 306 AP 32 VILA MILTON
 GUARULHOS/SP -BRASIL

TITLE ☐ Delete
 NAME VD
 STREET ADDRESS DE OLIVEIRA, FERNANDO J
 CITY-ST-ZIP RUA NILO TORRES, 124 AP 22 JD UMUARAMA
 SAO PAULO/SP -BRASIL

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

02/19/02

Date

305-442-7294

Daytime Phone #

CR2E034 (9/01)