

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

03-10-2003 90107 049 \*\*\*150.00

**DOCUMENT # P01000048951**

1. Entity Name  
**GATE POWER, INC.**



Principal Place of Business  
**8070 NW 53RD STREET  
#110  
MIAMI FL 33166  
US**

Mailing Address  
**8070 NW 53RD STREET  
#110  
MIAMI FL 33166  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1104405**

Applied For  
Not Applicable

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

**TORRES, JOSE  
300 ARAGON AVENUE  
SUITE 200  
CORAL GABLES FL 33134**

Name

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

**10305 NW - 41 STR. SUITE 116**

City **MIAMI**

**FL**

Zip Code **33178**

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

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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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 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: **Roseann Prado**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**03/04/2003 305-470-1487**  
Date Daytime Phone #

CR2E034 (10/02)