FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR) 2003

DOCUMENT # P02000023920

1. Entity Name

The Gates of America, Inc

FILED

03 OCT 17 AM 9:22

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5318 BaySide Dr	5318 BaySide Dr
Suite, Apt #, etc	Suite, Apt #, etc
City & State: Orl, Fl.	City & State: Orl, FL
Zip: 32819 Country: USA	Zip: 32819 Country: USA

4. FEI Number

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

7. Name and Address of Current Registered Agent

Name: Alberto A. Luna

Street Address (P.O. Box Number is Not Acceptable): 5318 Bay Side Dr.

City: Orlando FL 32819

DO NOT WRITE IN THIS SPACE

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 X [signature] 10/13/03

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 ☐

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	Pres	TITLE	
NAME	Alberto A. Luna	NAME	
STREET ADDRESS	5318 BaySide Dr	STREET ADDRESS	
CITY-ST-ZIP	Orl, Fl 32819	CITY-ST-ZIP	
TITLE	V-P	TITLE	
NAME	Mariela Novak	NAME	
STREET ADDRESS	5318 BaySide Dr	STREET ADDRESS	
CITY-ST-ZIP	Orl, Fl 32819	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	

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DO NOT WRITE IN THIS SPACE

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 is attached with an address, with all other like empowered.

SIGNATURE: X [signature] 10/13/03 (407) 876-5443

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

gr 10/21

THE GATES OF AMERICA, INC.

5318 Bay Side Dr.
Orlando, Fl 32819

October 13, 2003

To Whom it May Concern,

This letter is to inform the Department of State that I never received a bill or report for my corporation. Please accept my $150 dollar payment without penalty.

Sincerely,

X _____

Alberto A. Luna, President