

**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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5318 Bayside Dr Suite Apt # etc

3. Mailing Address
5318 Bay Side Dr Suite Apt #, etc

SECRETARY OF STATE
RECEIVED

DO NOT WRITE IN THIS SPACE

On, FL

On, FL

4. FEI Number

32819

Country USA

32819

Country USA

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

(NOTE: Registered Agent signature required when transferring)

10/13/03

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

11.1
NAME Pres Alberto A. Luna
STREET ADDRESS 5318 Bayside Dr
CITY-ST-ZIP Orlando FL 32819

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11.2
NAME V-P Gabriela Novak
STREET ADDRESS 5318 Bay Side Dr
CITY-ST-ZIP On, FL 32819

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

700023908817
10/17/03--01064--016 **150.00

11.3
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DO NOT WRITE
IN THIS SPACE

11.4
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

11.5
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STREET ADDRESS
CITY-ST-ZIP

TITLE
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 Section 119.07(3)(i), Florida Statutes, with an address, with all other like empowered

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/03 (407) 870-5443

gr 10/21

THE GATES OF AMERICA, INC.

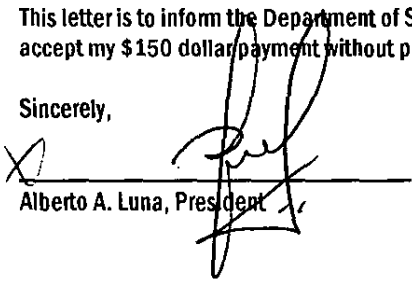
5318 Bay Side Dr.
Orlando, FL 32819

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,


Alberto A. Luna, President