

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 01, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P93000012172**1. Entity Name  
**GATE INTERNATIONAL, INCORPORATED**

Principal Place of Business	Mailing Address
1001 YAMATO ROAD STE 405 BOCA RATON 33487 US	1001 YAMATO ROAD SUITE 405 BOCA RATON 33487 US

2. Principal Place of Business	3. Mailing Address
2700 NORTH MILITARY TRAIL	2700 NORTH MILITARY TRAIL

Suite, Apt. #, etc.	Suite, Apt. #, etc.
STE 240	SUITE 240

City & State	City & State
BOCA RATON FL	BOCA RATON FL

Zip	Country	Zip	Country
33431	US	33431	US

4. FEI Number	Applied For
<b>65-0389466</b>	<input type="checkbox"/> 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****RUTTENBERG DAVID**  
**1001 YAMATO ROAD**  
**STE 405**  
**BOCA RATON**  
**33487**  
**US****7. Name and Address of New Registered Agent**

Name
<b>RUTTENBERG DAVID PMR</b>
Street Address (P.O. Box Number is Not Acceptable)
<b>2700 NORTH MILITARY TRAIL</b>
<b>STE 240</b>
City
<b>BOCA RATON</b>
Zip Code
<b>33431</b>

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 **MR DAVID P RUTTENBERG****02/01/2001**

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, 2001 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	V	Delete
NAME	O	<input type="checkbox"/>
STREET ADDRESS	ROBERT C.	
CITY-ST-ZIP	1001 YAMATO ROAD, STE 405 BOCA RATON FL 33487	
TITLE	C	<input type="checkbox"/>
NAME	GIRARD SUZY M	
STREET ADDRESS	1001 YAMATO RD, STE 405	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	PTSD	<input type="checkbox"/>
NAME	RUTTENBERG DAVID P	
STREET ADDRESS	1001 YAMATO RD, STE 405	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	V	Change	Addition
NAME	O'REILLY ROBERT CMR	<input checked="" type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS	2700 NORTH MILITARY TRAIL, STE 240		
CITY-ST-ZIP	BOCA RATON FL 33431		
TITLE	C	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NAME	GIRARD SUZY MMS		
STREET ADDRESS	2700 NORTH MILITARY TRAIL, STE 240		
CITY-ST-ZIP	BOCA RATON FL 33431		
TITLE	PTSD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NAME	RUTTENBERG DAVID PMR		
STREET ADDRESS	2700 NORTH MILITARY TRAIL, STE 240		
CITY-ST-ZIP	BOCA RATON FL 33431		
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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: **MR DAVID P RUTTENBERG****PTSD** **02/01/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)