

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000041678

1. Entity Name

GATEWAY PRODUCTS CORPORATION

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90019 050 ***150.00

Principal Place of Business

Mailing Address

3131 W BUENA VISTA DR
MARGATE FL 33063

3131 W BUENA VISTA DR
MARGATE FL 33076-3141

2. Principal Place of Business

5012 NW 124th WAY

Suite, Apt. #, etc.

3. Mailing Address

5012 NW 124th WAY

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

CORAL SPRINGS FL

City & State

CORAL SPRINGS FL

4. FEI Number

65-0410432

Applied For

Not Applicable

Zip

33076

Country

USA

Zip

33076

Country

USA

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

SAAD, CARLOS JR
3131 W BUENA VISTA DR
MARGATE FL 33063

Name

CARLOS SAAD JR

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

5012 NW 124th WAY

City

CORAL SPRINGS

FL

Zip Code

33076

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME SAAD, CARLOS J R
STREET ADDRESS 3131 W BUENA VISTA DR
CITY-ST-ZIP MARGATE FL

☐ Delete

TITLE
NAME CARLOS SAAD JR. (PRES)
STREET ADDRESS 5012 NW 124th WAY
CITY-ST-ZIP CORAL SPRINGS FL 33076

☒ Change ☐ Addition

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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

CARLOS SAAD JR.

Date

Daytime Phone #

4/14/00

954-227-9300

CR2E034 (9/99)