

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000033999

1. Entity Name

GATEWAY TRAVEL, CORP.

**FILED**  
**Apr 11, 2000 8:00 am**  
**Secretary of State**

04-11-2000 90043 017 \*\*\*150.00

Principal Place of Business

Mailing Address

~~114 S SEMORAN BLVD #2~~  
~~WINTER PARK FL 32792~~  
~~US~~

~~114 S SEMORAN BLVD #2~~  
~~WINTER PARK FL 32792~~  
~~US~~

2. Principal Place of Business

3. Mailing Address

7061 GRAND NATIONAL DR.

7061 GRAND NATIONAL DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

109

109

City & State

City & State

ORLANDO / FLORIDA

ORLANDO / FLORIDA

Zip

Country

Zip

Country

32819

USA

32819

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3240067

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

FELIPE SANTOS

~~114 S SEMORAN BLVD #2~~  
~~WINTER PARK FL 32792~~

Name

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

7061 GRAND NATIONAL DR. #109

City ORLANDO

FL

Zip Code 32819

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

*Felipe Santos - President*

04/06/00

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	POTS	<input checked="" type="checkbox"/> Delete
NAME	ELCEMAR ALMEIDA	
STREET ADDRESS	114 S SEMORAN BLVD #2	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	POT.	<input type="checkbox"/> Delete
NAME	FELIPE SANTOS	
STREET ADDRESS	7061 GRAND NATIONAL DR. #109	
CITY-ST-ZIP	ORLANDO, FL - 32819	
TITLE	VP-D-S	<input type="checkbox"/> Delete
NAME	ROSEMARY SANTOS	
STREET ADDRESS	7061 GRAND NATIONAL DR. #109	
CITY-ST-ZIP	ORLANDO, FL - 32819	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

*Felipe Santos*

04/06/00

1407/370-0062

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)