2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000033999

1. Entity Name
GATEWAY TRAVEL, CORP.

FILED
03 JUL -3 PM 4:22
SECRETARY OF STATE
FLORIDA

Principal Place of Business	Mailing Address
7031 GRAND NATIONAL DR STE 100 ORLANDO, FL 32819 US	7031 GRAND NATIONAL DR STE 100 ORLANDO, FL 32819 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

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

SANTOS, JOSE F
643 BLENNEIM LOOP
WINTER SPRINGS, FL 32708

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number Is Not Acceptable)
City FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ____ (Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS DUE BY MAY 1, $150.00. After May 1, 2003 fee will be $550.00. Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE: PDT NAME: SANTOS, FELIPE STREET ADDRESS: 643 BLENNEIM LOOP CITY-ST-ZIP: WINTER SPRINGS, FL 32708	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE: VDS NAME: SANTOS, ROSEMARY STREET ADDRESS: 643 BLENNEIM LOOP CITY-ST-ZIP: WINTER SPRINGS, FL 32708	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 06/24/03 407-370-0062

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #