

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000042508
Entity Name
WIN-GATE EQUITY GROUP, INC.
Principal Place of Business
100 NW 47 DRIVE
CORAL SPRINGS FL 33067
Mailing Address
8700 NW 47 DRIVE
CORAL SPRINGS FL 33067

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 SEP 25 PM 1:25

Principal Place of Business
45 BROADWAY
Suite, Apt. #, etc. 17 FLOOR
City & State
NEW YORK NY
Zip 10006
Country
3. Mailing Address
45 BROADWAY
Suite, Apt. #, etc. 17 FLOOR
City & State
NEW YORK NY
Zip 10006
Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 650669842
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SOUTH FLORIDA REGISTERED AGENTS, INC.
200 EAST LAS OLAS BLVD #1900
FORT LAUDERDALE FL 33301
7. Name and Address of New Registered Agent
Name GARY D. MORGAN
Street Address (P.O. Box Number is Not Acceptable)
100 N Biscayne Blvd.
City Miami FL Zip Code 33132

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] GARY D. MORGAN Chairman DATE 9-21-00
(NOTE: Registered Agent signature required when reinstating)

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

1. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEBRA JANSSEN		NAME	GARY D. MORGAN	
STREET ADDRESS	8700 NW 47 DRIVE		STREET ADDRESS	45 BROADWAY, 17 FLOOR	
CITY-ST-ZIP	CORAL SPRINGS FL 33067		CITY-ST-ZIP	NEW YORK NY 10006	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	ALVARO DAVILA PENA	
STREET ADDRESS			STREET ADDRESS	45 BROADWAY, 17 FLOOR	
CITY-ST-ZIP			CITY-ST-ZIP	NEW YORK NY 10006	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	Roman Fisher	
STREET ADDRESS			STREET ADDRESS	45 Broadway 17 Floor	
CITY-ST-ZIP			CITY-ST-ZIP	New York NY 10006	
TITLE		<input type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	GARY A. STUKES	
STREET ADDRESS			STREET ADDRESS	45 Broadway 17 Floor	
CITY-ST-ZIP			CITY-ST-ZIP	New York NY 10006	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: [Signature] GARY D. MORGAN Chairman DATE 9-21-00 305 371 3300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #