

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90078 038 ***150.00

DOCUMENT # P97000011095

1. Entity Name

GATEWAY PROPERTY MANAGEMENT, INC.

Principal Place of Business

**220 N "D" ST
LAKE WORTH FL 33460
US**

Mailing Address

**PO BOX 3193
LANTANA FL 33465
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0734576**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**REDELMAN, VICKIE
220 NORTH D ST
LAKE WORTH FL 33460**

7. Name and Address of New Registered Agent

Name
Thomas Alfano
Street Address (P.O. Box Number is Not Acceptable)
220 N D St
Lake Worth FL 33460
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.

SIGNATURE **Thomas Alfano** **President**

2-8-01

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	PT	<input checked="" type="checkbox"/> Delete
NAME	REDELMAN, VICKIE	
STREET ADDRESS	220 N D ST	
CITY-ST-ZIP	LAKE WORTH FL 33460	
TITLE	V	<input type="checkbox"/> Delete
NAME	ALFANO, GABRIELLE	
STREET ADDRESS	220 N D ST	
CITY-ST-ZIP	LAKE WORTH FL 33460	
TITLE	S	<input type="checkbox"/> Delete
NAME	ALFANO, MATHEW	
STREET ADDRESS	220 N D ST	
CITY-ST-ZIP	LAKE WORTH FL 33460	
TITLE	D	<input type="checkbox"/> Delete
NAME	Vickie Redel	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas Alfano	
STREET ADDRESS	220 N D St	
CITY-ST-ZIP	Lake Worth FL 33460	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Vickie Redelman	
STREET ADDRESS	220 N D St	
CITY-ST-ZIP	Lake Worth FL 33460	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: **Thomas Alfano** **President**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/08/01
Date

561-586-5144
Daytime Phone #

0512503

CR2E034 (10/00)