

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000051226**

1. Entity Name

GATEMED SERVICES OF SOUTH FLORIDA, INC.

Principal Place of Business

**16500 NW 1ST STREET
HOLLYWOOD FL 33028**

Mailing Address

**16500 NW 1ST STREET
HOLLYWOOD FL 33028**

2. Principal Place of Business

6475 SW 162 PL

Suite, Apt. #, etc.

3. Mailing Address

6475 SW 162 PL

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33193

Country

USA

Zip

33193

Country

USA

4. FEI Number

65-0761130

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SOLANO, RAFAELA M
2780 W 60 ST
HIALEAH FL 33016**

7. Name and Address of New Registered Agent

Name

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

6475 SW 162 PLCity **MIAMI****FL**

Zip Code

33193

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, 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	PTD	<input type="checkbox"/> Delete
NAME	SOLANO, DAVID	
STREET ADDRESS	2780 W 60 ST	
CITY-ST-ZIP	HIALEAH FL 33016	

TITLE	VSD	<input type="checkbox"/> Delete
NAME	SOLANO, RAFAELA M	
STREET ADDRESS	2780 W 60 ST	
CITY-ST-ZIP	HIALEAH FL 33016	

TITLE		<input type="checkbox"/> Delete
NAME		
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		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6475 SW 162 PL	
CITY-ST-ZIP	MIAMI, FL 33193	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6475 SW 162 PL	
CITY-ST-ZIP	MIAMI, FL 33193	

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		<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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID J. SOLANO - PRESIDENT

Date

3/18/2001

Daytime Phone #

403-236-5809**FILED
May 16, 2001 8:00 am
Secretary of State**

05-16-2001 90048 048 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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