

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000063144

1. Entity Name

~~KINGRAM-FUNDING CORPORATION~~

Name Changed To GATEWAY CAPITAL GROUP INC

Principal Place of Business

5900 SW 73 ST
STE 103
SOUTH MIAMI BEACH FL 33143

Mailing Address

5900 SW 73 ST
STE 103
SOUTH MIAMI BEACH FL 33143-5149

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

65-0849596

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

BLACK, JAMES C
5900 SW 73 ST.
STE 101
SOUTH MIAMI BEACH FL 33143

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.

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, 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

TITLE	P	<input type="checkbox"/> Delete
NAME	BLACK, JAMES C	
STREET ADDRESS	5900 SW 73RD ST.	
CITY-ST-ZIP	S. MIAMI BEACH FL 33143	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	MEIRELES, ELA	
STREET ADDRESS	5900 SW 73RD ST	
CITY-ST-ZIP	S. MIAMI BEACH FL 33143	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	RAMOS, RUBEN	
STREET ADDRESS	5900 SW 73RD ST	
CITY-ST-ZIP	S. MIAMI BEACH FL 33143	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	LAYNE, FRED	
STREET ADDRESS	950 NORTH FEDERAL HWY, #219	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
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		
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		
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

4/5/00

305-661-5644

Date

Daytime Phone #

CR2E034 (9/99)