2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000064983

FILED

01 JUL -9 PM 4:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

Main Gate Associates, Inc.

REINSTATEMENT 00-01

DO NOT WRITE IN THIS SPACE

08/29/00 900003-041 $155.25

Principal Place of Business	Mailing Address
4139 E. Busch Blvd Tampa, Fla 33167	
2. Principal Place of Business 4139 E. BUSCH BLVD Suite, Apt. #, etc.	3. Mailing Address 4139 E. BUSCH BLVD Suite, Apt. #, etc.
City & State TAMPA, FL	City & State TAMPA, FL
Zip 33617 Country U.S.A	Zip 33617 Country U.S.A.

4. FEI Number
593528056 ☐ 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
Albert Jevremovic 16321 Stirling Rd. Ft. Lauderdale, FL 33331	Name: Ekonomides & Associates, P.A. Street Address (P.O. Box Number is Not Acceptable) 201 E. Kennedy Blvd., Ste. 1130 City: Tampa **FL** Zip Code: 33602

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 _____ 6/11/01
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, 200 Fee will be $550.00
Make Check Payabl to Department of State

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT ALBERT JEVREMOVIC 16321 Stirling Rd Ft Lauderdale, FL 33331 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President CHARLES COLE 2319 NE 29th LIGHTHOUSE POINT, FL 33064 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 100004219851--8 -05/16/01--01044--010 ****158.75 ****158.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 582 50-Adm
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 400004458584--2 -07/20/01--01111--025 ****582.50 ****582.50
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (11/00)

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: Charles Cole 6/11/01 (954) 784-8790
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #