## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR**

## P99000007799 DOCUMENT #

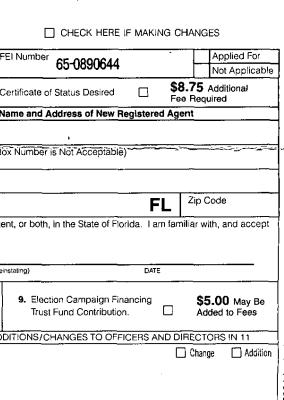
1. Entity Name

GATEWAY AEROSPACE, INC.

				;						
Principal Place 2020 NW 96 A MIAMI FL 331 US		2020	Mailing Address 2020 NW 96 AVE MIAMI FL 33172 US							
2. Principal F	Place of Business	3. Mai	3. Mailing Address			1				
Suite, Apt.	#, etc.	Suit	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & Star	te	City	City & State			4.	FEI Number 65-0890644		<del> </del>	pplied For ot Applicable
Zip	Country	Zip		Count	try	5.	Certificate of Status Desired		\$8.75 Add	
	6. Name and Address of Currer	nt Registere	ed Agent			7.	Name and Address of New I	Registered A	Agent	
DANIE I					Name					
	E-Dobelstein, P:A Adeland Blyd.		<u> </u>	ورشون	Street Address	(P.O. E	Box Number is Not Acceptable	e)		ع <del>الىسىن</del> ىت:
SUITE 1510					,			•	***	
MIAMI FL				City			FL	Zip Cod	le	
the obligated SIGNATURE FAfte	Signature, typed or printed name of registered age FILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00	nt and title if app			d Agent signature require			DATE	\$5.0	00 May Be
В.	k Payable to Florida Department			<b>.</b>					- Cipporo	
TITLE	OFFICERS AN	D DIRECTO	Delete	11.		AL	DDITIONS/CHANGES TO OF	-ICERS AND	Change	S IN 11 Addition
NAME STREET ADDRESS City-St-Zip	HINTON, NORMAN 2818 NW 72 AVENUE MIAMI FL 33122		□ Delete	NAME STREE					Gliange	☐ Vagariori
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPDO HINTON, JEFFREY F 2818 NW 72 AVENUE MIAMI FL 33122		☐ Delete						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-		☐ Delete				in is the second second	er vo	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete						Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						Change	Addition
TITLE NAME			☐ Delete	TITLE					Change	☐ Addition

**FILED** Apr 04, 2003 8:00 am Secretary of State

04-04-2003 90153 024 \*\*\*150.00



12. 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 10 or Block 11 changed, or on an attachment with an address, with all other like emplowered

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

305-718-