

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90013 028 ***150.00

DOCUMENT # P99000071474

1. Entity Name

CSG-COMMUNICATION SERVICES GATEWAY, INC.

Principal Place of Business

Mailing Address

~~822 SE 9TH ST~~

~~822 SE 9TH ST~~

~~PALM PLAZA~~

~~PALM PLAZA~~

DEERFIELD BEACH FL 33441

OK

DEERFIELD BEACH FL 33441

OK

2. Principal Place of Business

3. Mailing Address

829 SE 9TH ST

829 SE 9TH ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#201 PALM PLAZA

#201 PALM PLAZA

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0922857

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

REZENDE, MARCOS A

4953 E LAKES DR.

POMPANO BEACH FL 33064

Name

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

5621 PACIFIC BLVD #3107

City

BOCA RATON

FL

Zip Code

33433

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D	REZENDE, MARCOS A	4953 E LAKES DR POMPANO BEACH FL 33064				
	D	FIGUEIREDO, ALEX	523 TIVOLI TRACE CIRCLE #204 DEERFIELD BEACH FL 33441				
	D	MONTMAN, RONALDO L	5456 NW 49TH COURT COCONUT CREEK FL 33073				

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 REQUIRED
 MARCOS REZENDE

04/19/02

954-427-4770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)