

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

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90151 040 ***150.00

DOCUMENT # P99000071474

1. Entity Name

CSG-COMMUNICATION SERVICES GATEWAY, INC.



Principal Place of Business

**829 SE 9TH ST
#201 PALM PLAZA
DEERFIELD BEACH FL 33441**

Mailing Address

**829 SE 9TH ST
#201 PALM PLAZA
DEERFIELD BEACH FL 33441**

10001011



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

822 SE 9TH ST

3. Mailing Address

822 SE 9TH ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DEERFIELD BEACH, FL

City & State

DEERFIELD BEACH, FL

Zip

33441-5641

Country

USA

Zip

33441-5641

Country

USA

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

REZENDE, MARCOS A

5621 PACIFIC BLVD, #3107

BOCA RATON FL 33433

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **REZENDE, MARCOS A**
STREET ADDRESS **4953 E LAKES DR**
CITY-ST-ZIP **POMPANO BEACH FL 33064**

TITLE **D** ☐ Delete
NAME **FIGUEIREDO, ALEX**
STREET ADDRESS **523 TIVOLI TRACE CIRCLE #204**
CITY-ST-ZIP **DEERFIELD BEACH FL 33441**

TITLE **D** ☐ Delete
NAME **MONTMAN, RONALDO L**
STREET ADDRESS **5456 NW 49TH COURT**
CITY-ST-ZIP **COCONUT CREEK FL 33073**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/22/03

954 427 477.0

Date

Daytime Phone #

CR2E034 (10/02)