

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State
05-13-2002 90050 038 ***150.00

0170180
AV

DOCUMENT # P99000088042

1. Entity Name
ISLAND GATEWAY, INC.

Principal Place of Business
**1000 S. DIXIE HWY..UNIT 5
POMPANO BEACH FL 33060**

Mailing Address
**1000 S. DIXIE HWY..UNIT 5
POMPANO BEACH FL 33060**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0967331**

Applied For
Not Applicable

Zip Country

Zip Country

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

**CUMMINGS, HILDAMAR
3080 N. COURSE DR.,#108 5
POMPANO BEACH FL 33069**

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, 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 **D** ☐ Delete
NAME **CUMMINGS, HILDAMAR**
STREET ADDRESS **3080 N COURSE DRIVE, #108**
CITY-ST-ZIP **POMPANO BEACH FL 33069**

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

TITLE **D** ☐ Delete
NAME **CUMMINGS, PHILLIP**
STREET ADDRESS **1 LAS OLAS CIRCLE, #1205**
CITY-ST-ZIP **FORT LAUDERDALE FL 33316**

TITLE **D** ☒ Change ☐ Addition
NAME **CUMMINGS, PHILLIP**
STREET ADDRESS **12103 NW 19 ST.**
CITY-ST-ZIP **PLANTATION, FL 33323**

TITLE **D** ☐ Delete
NAME **CUMMINGS, CHRIS**
STREET ADDRESS **1143 SW 9TH COURT**
CITY-ST-ZIP **PEMBROKE PINES FL 33023**

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

TITLE **D** ☐ Delete
NAME **CUMMINGS, HOWARD**
STREET ADDRESS **3080 N COURSE DRIVE, #108**
CITY-ST-ZIP **POMPANO BEACH FL 33069**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **HOWARD CUMMINGS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/02 954-536-1008
Date Daytime Phone #

CR2E034 (9/01)