

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000111722

1. Entity Name

WESTGATE INDUSTRIES CORP.

**FILED**  
May 23, 2001 8:00 am  
Secretary of State

05-23-2001 90216 001 13,650.00

Principal Place of Business

343 ALMERIA AVENUE  
CORAL GABLES FL 33134

Mailing Address

343 ALMERIA AVENUE  
CORAL GABLES FL 33134

2. Principal Place of Business

1840 SW 22<sup>ND</sup> Street

3. Mailing Address

The same

Suite, Apt. #, etc.

4<sup>TH</sup> Floor

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

33145

Country

Zip

Country

4. FEI Number NOT APPLICABLE

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

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

Name Spiegel & Utrera, P.A.

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

1840 SW 22<sup>ND</sup> Street

4<sup>TH</sup> Floor

City

Miami

FL

Zip Code

33145

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 *By:*

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

Natalia Utrera, Vice-President

(If DUE: 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, 2001 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 ☐ Delete  
NAME D  
STREET ADDRESS SANCHEZ, ELSIE  
CITY-ST-ZIP 343 ALMERIA AVENUE  
CORAL GABLES FL 33134

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  
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CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)