2001 UNIFORM BUSINESS REPORT (UBR)

Apr 23, 2001 8:00 am Secretary of State DOCUMENT # P96000026728 1. Entity Name HONGATE HOLDINGS, INC. 04-23-2001 90131 001 *5,100.00 Principal Place of Business Mailing Address 2875 NE 191ST STREET STE 404 2875 NE 191ST STREET STE 404 NO MIAMI BEACH FL 33180 NO MIAMI BEACH FL 33180 38271 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0664766 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name REINHARD, SANFORD N Street Address (P.O. Box Number is Not Acceptable) 2875 NE 191ST STREET STE 404 NO MIAMI BEACH FL 33180 City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. President and Secretary X Delete Change ☐ Addition TITLE TITLE GOLDLIST, ISADORE NAME NAME Honey Goldlist 12 GOLDFINCH COURT STREET ADDRESS STREET ADDRESS 449 Walmer Road, Suite 402 CITY-ST-ZIP CITY-ST-ZIP WILLOWDALE ON M2R -2C3 <u>Toronto, Ontario M5P 2X9</u> ☐ Change **X**Delete ☐ Addition TITLE TITLE GOLDLIST, HARRY NAME NAME STREET ADDRESS 12 GOLDFINCH COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP WILLOWDALE ON M2R -2C3 TITLE ☐ Defete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 12 if changed, or on an attachment with an address, with all other like empowered.