FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 23, 2001 8:00 am Secretary of State DOCUMENT # P96000026732 HARGATE HOLDINGS, INC. 04-23-2001 90131 001 *5,100.00 Principal Place of Business Mailing Address 2875 NE 191\$T STREET STE 404 2875 NE 191ST STREET STE 404 ၅ ဝက္ကုပ္ခဲ့လ NO MIAMI BEACH FL 33180 NO MIAMI BEACH FL 33180 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0664746 Not Applicable 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) 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) \Box Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. President ☐ Addition TITLE XI Delete TITI F Harry Goldlist GOLDLIST, ISADORE NAME NAME STREET ADDRESS 12 GOLDFINCH COURT STREET ADDRESS 1 Clark Avenue West, Unit 104 CITY-ST-ZIP WILLOWDALE ON M2R -2C3 CITY-ST-ZIP Thornhill, Ontario L4J 7Y7 Secretary TITLE K Change ☐ Addition TITLE Delete GOLDLIST, HARRY NAME Barry Gordon Goldlist NAME STREET ADDRESS 12 GOLDFINCH COURT STREET ADDRESS 318 Brooke Avenue CITY-ST-ZIP WILLOWDALE ON M2R -2C3 CITY-ST-ZIP Toronto, Ontario M5M 2L3 Delete TITLE Vice-President Change ☐ Addition TITLE NAME NAME Pauline Rapp STREET ADDRESS STREET ADDRESS 24 McMorran Crescent CITY-ST-ZIP CITY-ST-ZIP Thornhill Ontario L4J 2T5 Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition 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 11 or Block 12 if Changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

BONNES PROTOCON FOR HATELS AGAIN STATISFEED AREGION

\(\sqrt{2\left/01} \) (3x5) 932 - .

Date Daytine Phone #

CR2E034 (10/00)