

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**  
 04-23-2001 90131 001 \*5,100.00

0028978

**DOCUMENT # P96000026735**

1. Entity Name  
**BDGATE HOLDINGS, INC.**

Principal Place of Business  
**2875 NE 191ST STREET STE 404  
 NO MIAMI BEACH FL 33180**

Mailing Address  
**2875 NE 191ST STREET STE 404  
 NO MIAMI BEACH FL 33180**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0664755**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

**6. Name and Address of Current Registered Agent**

**REINHARD, SANFORD N  
 2875 NE 191ST STREET STE 404  
 NO MIAMI BEACH FL 33180**

**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.

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, 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**

TITLE **PD** ☒ Delete  
 NAME **GOLDLIST, ISADORE**  
 STREET ADDRESS **12 GOLDFINCH COURT**  
 CITY-ST-ZIP **WILLOWDALE ON M2R -2C3**

TITLE **VPS** ☒ Delete  
 NAME **GOLDLIST, HARRY**  
 STREET ADDRESS **12 GOLDFINCH COURT**  
 CITY-ST-ZIP **WILLOWDALE ON M2R -2C3**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **President** ☒ Change ☐ Addition  
 NAME **Barry David Goldlist**  
 STREET ADDRESS **12 Goldfinch Court**  
 CITY-ST-ZIP **WILLOWDALE, ON M2R -2C3**

TITLE **Vice-President** ☒ Change ☐ Addition  
 NAME **Renee Goldlist**  
 STREET ADDRESS **12 Goldfinch Court**  
 CITY-ST-ZIP **WILLOWDALE, ON M2R -2C3**

TITLE **Secretary** ☒ Change ☐ Addition  
 NAME **Paul Goldlist**  
 STREET ADDRESS **12 Goldfinch Court**  
 CITY-ST-ZIP **WILLOWDALE, ON M2R -2C3**

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

TITLE ☐ Change ☐ Addition  
 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Barry David Goldlist, President**

**2/2/01**  
 Date

**416-823 7999**  
 Daytime Phone #

CR2E034 (10/00)