

2001 UNIFORM BUSINESS REPORT (UBR)

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

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DOCUMENT # P96000026736

1. Entity Name

PAULINEGATE 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**

38282



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0664751**

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

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GOLDLIST, ISADORE	
STREET ADDRESS	12 GOLDFINCH COURT	
CITY-ST-ZIP	WILLOWDALE ON M2R -2C3	
TITLE	VPS	<input checked="" type="checkbox"/> Delete
NAME	GOLDLIST, HARRY	
STREET ADDRESS	12 GOLDFINCH COURT	
CITY-ST-ZIP	WILLOWDALE ON M2R -2C3	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Harry Goldlist	
STREET ADDRESS	1 Clark Avenue West, Unit 104	
CITY-ST-ZIP	Thornhill, Ontario L4J 7Y7	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Barry Gordon Goldlist	
STREET ADDRESS	318 Brooke Avenue	
CITY-ST-ZIP	Toronto, Ontario M5M 2L3	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pauline Rapp	
STREET ADDRESS	24 McMorran Crescent	
CITY-ST-ZIP	Thornhill, Ontario L4J 2P5	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Barry Gordon Goldlist

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barry Gordon Goldlist, Secretary

2/2/01

Date

(305) 932-7555

Daytime Phone #

CP2E034 (10/00)