

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000026736

1. Entity Name
PAULINEGATE HOLDINGS, INC.

FILED
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90303 001 *5,100.00

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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 P
NAME GOLDLUST, HARRY
STREET ADDRESS 1 CLARK AVENUE WEST, UNIT 104
CITY-ST-ZIP THORNHILL, ONTARIO L4J- 7Y7 ☐ Delete

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

TITLE S
NAME GOLDLUST, BARRY GORDON
STREET ADDRESS ~~918 BROOKE AVENUE~~ 138 GREY ROAD
CITY-ST-ZIP TORONTO, ONTARIO M5M-2L3 M5M 4G1 ☐ Delete

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

TITLE VP
NAME RAPP, PAULINE
STREET ADDRESS 24 MCMORRAN CRESCENT
CITY-ST-ZIP THORNHILL, ONTARIO L4J- 2T5 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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: RECEIVED G. GOLDLUST Date: JAN 18/02 Daytime Phone #: 416 636-2664

CR2E034 (9/01)