

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90603 008 \*\*\*150.00

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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**

10042343



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0664751**

Applic For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

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  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P GOLDIST, HARRY 1 CLARK AVENUE WEST, UNIT 104 THORNHILL, ONTARIO L4J 7Y7</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S GOLDIST, BARRY GORDON 348 BROOKE AVENUE TORONTO, ONTARIO M5M 2L3</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP RAPP, PAULINE 24 MCMORRAN CRESCENT THORNHILL, ONTARIO L4J 2T5</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P GOLDIST, HARRY 1 CLARK AVENUE WEST UNIT 104 THORNHILL ONTARIO L4J 7Y7</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S GOLDIST, BARRY GORDON 138 GREY RD. TORONTO ONTARIO M5M 4G1</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: *BARRY G. GOLDIST* BARRY G. GOLDIST 2/10/03 4166362664**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT

SANFORD N. REINHARD, P. A.

ATTORNEY AT LAW

2875 N. E. 191ST STREET

SUITE 404

AVENTURA, FLORIDA 33180

7004293  
P96000026736

MIAMI  
(305) 932-7555  
TELECOPIER  
(305) 935-5671

April 14, 2003

Secretary of State  
Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

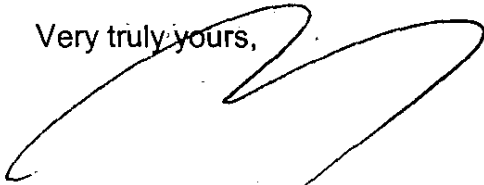
**Re: 2003 Corporate Business Report**

Gentlemen:

We are enclosing the 2003 Annual Corporation Report for Paulingate Holdings, Inc., together with a check in the amount of \$150.00 for the filing of the report.

Thank you.

Very truly yours,



Sanford N. Reinhard  
SNR/hs