

2001 **UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90131 001 \*5,100.00

**DOCUMENT # P96000026744**

1. Entity Name

**BMGATE 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 33180-2831****38258**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number **09-1340027**

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, 2000 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	GOLDLIST, ISADORE	12 GOLDFINCH COURT	WILLOWDALE ON M2R -2C3	<input checked="" type="checkbox"/>
SVP	GOLDLIST, HARRY	12 GOLDFINCH COURT	WILLOWDALE ON M2R -2C3	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
President & Secretary	FAY GOLDLIST	12 Goldfinch Ct	WILLOWDALE ONTARIO M2R2C4	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vice-President & Treasurer	BARRY MITCHELL GOLDLIST	12 GOLDFINCH CRT	WILLOWDALE ONTARIO M2R2C4	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 information.

SIGNATURE: Fay Goldlist

SIGNATURE

OR

April 10/01 (305) 932-7555

Date

Daytime Phone #