

2001 **UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P96000026750**

1. Entity Name

GATEMAR HOLDINGS, INC.**FILED**
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90131 001 *\$1,100.00

Principal Place of Business

Mailing Address

2875 NE 191ST STREET STE 404
NO MIAMI BEACH FL 33180**2875 NE 191ST STREET STE 404**
NO MIAMI BEACH FL 33180-2831

00202



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 **65-0664753**

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 State10. 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 checked="" type="checkbox"/> Delete | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
|-------|--------------------------|---------------------------|------------------------------|--|----------------------------|---------------------|------------------------|----------------------------------|--|
| PD | GOLDLIST, ISADORE | 12 GOLDFINCH COURT | WILLOWDALE ON M2R-2C3 | <input checked="" type="checkbox"/> | President & Secretary | FAY GOLDLIST | 12 Goldfinch Ct | Willowdale Ontario M2R2C4 | <input checked="" type="checkbox"/> |
| VPS | GOLDLIST, HARRY | 12 GOLDFINCH COURT | WILLOWDALE ON M2R-2C3 | <input checked="" type="checkbox"/> | Vice-President & Treasurer | Marlene HAIT | 12 Goldfinch Ct | Willowdale Ontario M2R2C4 | <input checked="" type="checkbox"/> |
| | | | | <input type="checkbox"/> | | | | | <input type="checkbox"/> |
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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

DIRECTOR

April 10/01 (305) 932-7535

Date

Daytime Phone #