FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 23, 2001 8:00 am Secretary of State DOCUMENT # P96000027324 **BGGATE HOLDINGS. INC.** 04-23-2001 90131 001 *5,100.00 Principal Place of Business Mailing Address 2875 NE 191ST STREET STE 404 2875 NE 191ST STREET STE 404 NO MIAMI BEACH FL 33180 NO MIAMI BEACH FL 33180 30203 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0664744 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name REINHARD, SANFORD N Street Address (P.O. Box Number is Not Acceptable) 2875 NE 191ST STREET STE 404 NO MIAMI BEACH FL 33180 Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. President XDelete TITLE TITLE GOLDLIST, ISADORE Harry Goldlist NAME NAME 12 GOLDFINCH COURT STREET ADDRESS STREET ADDRESS Clark Avenue West, Unit 104 CITY-ST-7/P CITY-ST-ZIP WILLOWDALE ON M2R -2C3 <u>hormhill, Ontario L4J 7Y7</u> **K**] Change ☐ Addition TITLE Delete TITLE Secretary GOLDLIST, HARRY NAME NAME Barry Gordon Goldlist 12 GOLDFINCH COURT STREET ADDRESS STREET ADDRESS 18 Brooke Avenue WILLOWDALE ON M2R -2C3 CITY-ST-7IP CITY-ST-ZIP foronto, Ontario M5M 2L3 K1 Channe TITLE ☐ Delete TITLE ☐ Addition ice-President NAME NAME Pauline Rapo STREET ADDRESS STREET ADDRESS 24 McMorran Crescent: CITY-ST-ZIP CITY-ST-ZIP hornhill. Ontario L4J 2T5 TITLE ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP 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:

Basewarm Contention of Director States of Physicator

2/2/01

(305) 932 - 7555