2001 **UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2001 8:00 am
Secretary of State
04-23-2001 90131 001 *5,100.00

DOCUMENT # P98000063205

38263

DO NOT WRITE IN THIS SPACE

1. Entity Name

ROCHGATE, INC.

Principal Place of Business	Mailing Address
375 N.E. 191ST STREET SUITE 404 AVENTURA FL 33180	2875 N.E. 191ST STREET SUITE 404 AVENTURA FL 33180-2831

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 65-0854107 ☐ Applied For ☐ Not Applicable

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 N.E. 191ST STREET SUITE 404 AVENTURA 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	
TLE ME REET ADDRESS TY-ST-ZIP	PD GOLDLIST, ISADORE 12 GOLDFINCH CT. WILLOWDALE ON M2R 2C3 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President & Secretary FAY GOLDLIST 12 Goldfinch Crt Willowdale Ontario M2R 2C4 ☒ Change ☐ Addition
TLE ME REET ADDRESS TY-ST-ZIP	VPS GOLDLIST, HARRY 12 GOLDFINCH CT. WILLOWDALE ON M2R 2C3 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President + Treasurer Rochelle TRYDRYCH. 12 Goldfinch Crt Willowdale Ontario M2R2C4 ☒ Change ☐ Addition
LE ME REET ADDRESS TY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
LE ME REET ADDRESS Y-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
LE ME REET ADDRESS TY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
LE ME REET ADDRESS TY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/99)

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: Fay Goldlist April 10/01 (305) 932-7555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #