2001 **UNIFORM BUSINESS REPORT (UBR)**

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

DOCUMENT # P98000063211

Entity Name
GATEMAR, INC.

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

38261

DO NOT WRITE IN THIS SPACE

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 65-0854114 ☐ 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.		
TITLE	PD	☒ Delete	TITLE	President & secretary	☒ Change ☐ Addition
NAME	GOLDLIST, ISADORE		NAME	Fay GOLDLIST	
STREET ADDRESS	12 GOLDFINCH COURT		STREET ADDRESS	12 Goldfinch Crt	
CITY-ST-ZIP	WILLOWDALE ON M2R-2C3		CITY-ST-ZIP	Willowdale Ontario M2R2C4	
TITLE	VPS	☒ Delete	TITLE	Vice President & Treasurer	☒ Change ☐ Addition
NAME	GOLDLIST, HARRY		NAME	Marlene HAII	
STREET ADDRESS	12 GOLDFINCH COURT		STREET ADDRESS	12 Goldfinch Crt	
CITY-ST-ZIP	WILLOWDALE ON M2R-2C3		CITY-ST-ZIP	Willowdale Ontario M2R2C4	
TITLE		☐ 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		
TITLE		☐ 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: Fay Goldlist April 10/01 (305) 932-7565
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #

CR2E034 (9/00)