

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000063214**1. Entity Name
HONGATE, INC.**FILED**
Apr 23, 2001 8:00 am
Secretary of State
04-23-2001 90131 001 *5,100.00Principal Place of Business
2875 NE 191ST STREET SUITE 404
AVENTURA FL 33180Mailing Address
2875 NE 191ST STREET SUITE 404
AVENTURA FL 33180**38270**

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 **65-0854111**

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 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, 2001 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 **PD** ☒ Delete
NAME **GOLDLIST, ISADORE**
STREET ADDRESS **12 GOLDFINCH COURT**
CITY-ST-ZIP **WILLOWDALE ON M2R- 2C3**TITLE **President and Secretary** ☒ Change ☐ Addition
NAME **Honey Goldlist**
STREET ADDRESS **449 Walmer Road, Suite 402**
CITY-ST-ZIP **Toronto, Ontario M5P 2X9**TITLE **VPS** ☒ Delete
NAME **GOLDLIST, HARRY**
STREET ADDRESS **12 GOLDFINCH COURT**
CITY-ST-ZIP **WILLOWDALE ON M2R- 2C3**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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STREET ADDRESS
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Honey Goldlist, President and Secretary

Date

Daytime Phone #

CR2E034 (10/00)