

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90703 023 \*\*\*150.00

**DOCUMENT # P98000063217**

1. Entity Name  
**BGGATE, INC.**



Principal Place of Business  
**2875 NE 191ST STREET SUITE 404  
AVENTURA FL 33180**

Mailing Address  
**2875 NE 191ST STREET SUITE 404  
AVENTURA FL 33180**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0854118**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

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  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Delete  
NAME **GOLDLIST, HARRY**  
STREET ADDRESS **1 CLARK AVENUE WEST, UNIT 104**  
CITY-ST-ZIP **THORNHILL, ONTARIO L4J- 7Y7**

TITLE **P** ☒ Change ☐ Addition  
NAME **GOLDLIST HARRY**  
STREET ADDRESS **1 CLARK AVENUE WEST Unit 1104**  
CITY-ST-ZIP **THORNHILL ONTARIO L4J7Y6**

TITLE **S** ☒ Delete  
NAME **GOLDLIST, BARRY GORDON**  
STREET ADDRESS **318 BROOKE AVENUE**  
CITY-ST-ZIP **TORONTO, ONTARIO M5M2L3**

TITLE **S** ☒ Change ☐ Addition  
NAME **GOLDLIST BARRY GORDON**  
STREET ADDRESS **138 Grey Rd**  
CITY-ST-ZIP **TORONTO ONTARIO M5M4G1**

TITLE **VP** ☐ Delete  
NAME **RAPP, PAULINE**  
STREET ADDRESS **24 MCMORRAN CRESCENT**  
CITY-ST-ZIP **THORNHILL, ONTARIO L4J- 2T5**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: TEQUERRA G. GOLDLIST 2/18/03 416 636-2664  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)