

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000063219

1. Entity Name

CHARLGATE, INC.

FILED

Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90131 001 *5,100.00

Principal Place of Business

Mailing Address

2875 NE 191ST STREET SUITE 404
AVENTURA FL 33180

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

65-0854116

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 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
NAME GOLDLIST, ISADORE
STREET ADDRESS 12 GOLDFINCH COURT
CITY-ST-ZIP WILLOWDALE ON M2R- 2C3

TITLE President ☒ Change ☐ Addition
NAME Barry Joseph Goldlist
STREET ADDRESS 19 Carnwath Crescent
CITY-ST-ZIP Toronto, Canada M2P-1J4

TITLE VPS ☒ Delete
NAME GOLDLIST, HARRY
STREET ADDRESS 12 GOLDFINCH COURT
CITY-ST-ZIP WILLOWDALE ON M2R- 2C3

TITLE Secretary ☒ Change ☐ Addition
NAME Gerold Goldlist
STREET ADDRESS 139 Strathearn Road
CITY-ST-ZIP Toronto, Ontario M6C-1R7

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE ☐ 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:

Gerold Goldlist, Secretary

Date

Daytime Phone #

CR2E034 (10/00)