## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 23, 2001 8:00 am Secretary of State DOCUMENT # P98000063226 1. Entity Name PAULGATE, INC. 04-23-2001 90131 001 \*5,100.00 Principal Place of Business Mailing Address 2875 NE 191ST STREET SUITE 404 2875 NE 191ST STREET SUITE 404 AVENTURA FL 33180 **AVENTURA FL 33180** 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number 65-0854109 City & State Not Applicable Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent REINHARD, SANFORD N Street Address (P.O. Box Number is Not Acceptable) 2875 NE 191ST STREET SUITE 404 **AVENTURA FL 33180** 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition President **K** Change Delete TITLE TITLE GOLDLIST, ISADORE NAME Paul Goldlist NAME 12 GOLDFINCH COURT STREET ADDRESS STREET ADDRESS 12 Goldfinch:Court CITY-ST-ZIP CITY-ST-ZIP WILLOWDALE ON M2R- 2C3 Willowdale, ON M2R 2C3 🟝 Change ☐ Addition Delete TITLE Vice-President GOLDLIST, HARRY NAME NAME Renee Goldlist STREET ADDRESS STREET ADDRESS 12 GOLDFINCH COURT 12 Goldfinch Court CITY-ST-ZIP WILLOWDALE ON M2R- 2C3 CITY-ST-ZIP Willowdale, ON M2R-2C3 KI Change ☐ Addition TITLE ☐ Delete TITLE Secretary NAME NAME Barry David Goldlist STREET ADDRESS STREET ADDRESS 12 Goldfinch Court CITY-ST-ZIP CITY-ST-ZIP <del>Willowdale, ON M2R 2C3</del> ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 exploue 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 empowered.

CITY-ST-ZIP

SIGNATURE: \_

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Barry David Goldlist, Secretary