2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 05, 2002 8:00 am Secretary of State **DOCUMENT #** G97934 1. Entity Name GEM TECHNOLOGY INTERNATIONAL, CORP. 05-05-2002 90076 011 ***150.00 Principal Place of Business Mailing Address 2307 DOUGLAS RD 2307 DOUGLAS ROAD 5TH FLOOR 5TH FLOOR MIAMI FL 33145 MIAMI FL 33145 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2429897 Not Applicable Zip Country 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 Name ARNAIZ, LIVIA Street Address (P.O. Box Number is Not Acceptable) 2307 DOUGLAS RD 5TH FLOOR **MIAMI FL 33145** City Zip Code FL 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 reinstaling) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE LEAR, CHRISTOPHER ☐ Change ☐ Addition CR2E034 (9/01) NAME NAME 2307 DOUGLAS ROAD 5TH FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33145** CITY-ST-7IP TITLE-☐ Delete TITLE NAME EASTON, JOE W ☐ Change Addition NAME 2307 DOUGLAS ROAD 5TH FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33145 CITY-ST-ZIP TITLE CEOC Delete NAME ARNAIZ, LIVIA ☐ Change Addition STREET ADDRESS 2307-DOUGLAS RD 5TH FLOOR STREET ADDRESS MIAMI FL 33145 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete NAME ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change NAME ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DILE ☐ Delete TITLE

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 changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER O

☐ Change

☐ Addition