


**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90270 004 \*\*\*150.00

**DOCUMENT # G97934**

1. Entity Name  
**GEM TECHNOLOGY INTERNATIONAL, CORP.**



Principal Place of Business  
**2800 PONCE DE LEON BLVD.  
SUITE 1100  
CORAL GABLES FL 33134  
US**

Mailing Address  
**2800 PONCE DE LEON BLVD., #1100  
CORAL GABLES, FL  
MIAMI FL 33145  
US**

**11013547**



2. Principal Place of Business

Suite, Apt. #, etc.  
**Suite # 1100**

City & State  
**CORAL GABLES, FL**

Zip  
**33134**

Country  
**USA**

3. Mailing Address  
**2800 Ponce de Leon Blvd.**

Suite, Apt. #, etc.  
**Suite # 1100**

City & State  
**CORAL GABLES, FL**

Zip  
**33134**

Country  
**USA**

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2429897**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**ARNAIZ-LIVIA  
2307 DOUGLAS RD  
5TH FLOOR  
MIAMI FL 33145**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)  
**2800 Ponce de Leon Blvd.  
Suite # 1100**

City **CORAL GABLES** FL Zip Code **33134**

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 \_\_\_\_\_ (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**

TITLE <b>VP</b>	<input type="checkbox"/> Delete
NAME <b>LEAR, CHRISTOPHER</b>	
STREET ADDRESS <b>2307 DOUGLAS ROAD 5TH FLOOR</b>	
CITY-ST-ZIP <b>MIAMI FL 33145</b>	
TITLE <b>P</b>	<input type="checkbox"/> Delete
NAME <b>EASTON, JOE W</b>	
STREET ADDRESS <b>2307 DOUGLAS ROAD 5TH FLOOR</b>	
CITY-ST-ZIP <b>MIAMI FL 33145</b>	
TITLE <b>CEOC</b>	<input type="checkbox"/> Delete
NAME <b>ARNAIZ, LIVIA</b>	
STREET ADDRESS <b>2307 DOUGLAS RD 5TH FLOOR</b>	
CITY-ST-ZIP <b>MIAMI FL 33145</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE <b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>LEAR, CHRISTOPHER</b>	
STREET ADDRESS <b>2800 Ponce de Leon Blvd. #1100</b>	
CITY-ST-ZIP <b>CORAL GABLES, FL 33134</b>	
TITLE <b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>EASTON, JOE</b>	
STREET ADDRESS <b>2800 Ponce de Leon Blvd. #1100</b>	
CITY-ST-ZIP <b>CORAL GABLES, FL 33134</b>	
TITLE <b>CEO</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ARNAIZ, LIVIA</b>	
STREET ADDRESS <b>2800 Ponce de Leon Blvd. #1100</b>	
CITY-ST-ZIP <b>CORAL GABLES, FL 33134</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:** \_\_\_\_\_ **SIGNATURE REQUIRED** **4/18/03** **305-447-1344**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)