

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000007079

1. Entity Name  
CITY GEMS, LLC

FILED

Principal Place of Business

C/O HAROLD LAZLOW  
2335 S OCEAN BLVD #19E  
PALM BEACH FL 33480

Mailing Address

C/O HAROLD LAZLOW  
2335 S OCEAN BLVD #19E  
PALM BEACH FL 33480

01 OCT -4 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

460 South Rosemary Ave

3. Mailing Address

SAME

Suite, Apt. #, etc.

188

City & State

West Palm Beach, FL

City & State

4. FEI Number

65-1069880

Applied For

Not Applicable

Zip

33409

Country

Palm Beach

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GOTTLIEB, STUART M  
222 LAKEVIEW AVE SUITE 260  
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

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

*Harold Lazlow*

9/20/01

Signature typed or printed name of registered agent and, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State  
Due By September 26, 2001

800004637058--3  
-10/15/01--01079--005  
\*\*\*\*\*55.00 \*\*\*\*\*55.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE: PRESIDENT  
NAME: HAROLD LAZLOW  
STREET ADDRESS: 460 SOUTH ROSEMARY AVE #188  
CITY-ST-ZIP: W. PALM BCH, FL 33409

TITLE: SEC/TREAS  
NAME: MARTHA LAZLOW  
STREET ADDRESS: 460 SOUTH ROSEMARY AVE #188  
CITY-ST-ZIP: W. PALM BEACH, FL 33409

TITLE: [Blank]  
NAME: [Blank]  
STREET ADDRESS: [Blank]  
CITY-ST-ZIP: [Blank]

TITLE: [Blank]  
NAME: [Blank]  
STREET ADDRESS: [Blank]  
CITY-ST-ZIP: [Blank]

TITLE: [Blank]  
NAME: [Blank]  
STREET ADDRESS: [Blank]  
CITY-ST-ZIP: [Blank]

TITLE: [Blank]  
NAME: [Blank]  
STREET ADDRESS: [Blank]  
CITY-ST-ZIP: [Blank]

TITLE: [Blank]  
NAME: [Blank]  
STREET ADDRESS: [Blank]  
CITY-ST-ZIP: [Blank]

TITLE: [Blank]  
NAME: [Blank]  
STREET ADDRESS: [Blank]  
CITY-ST-ZIP: [Blank]

TITLE: [Blank]  
NAME: [Blank]  
STREET ADDRESS: [Blank]  
CITY-ST-ZIP: [Blank]

TITLE: [Blank]  
NAME: [Blank]  
STREET ADDRESS: [Blank]  
CITY-ST-ZIP: [Blank]

TITLE: [Blank]  
NAME: [Blank]  
STREET ADDRESS: [Blank]  
CITY-ST-ZIP: [Blank]

TITLE: [Blank]  
NAME: [Blank]  
STREET ADDRESS: [Blank]  
CITY-ST-ZIP: [Blank]

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Harold Lazlow* SIGNATURE REQUIRED

9/20/01

561-835-6992

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (5/01)