**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 25, 2002 8:00 am <sup>§</sup> Secretary of State DOCUMENT # L0000007079 1. Entity Name 04-25-2002 90003 004 \*\*\*\*50.00 CITY GEMS, LLC Principal Place of Business Mailing Address 460 SOUTH ROSEMARY AVE., #188 460 SOUTH ROSEMARY AVE., #188 WEST PALM BEACH FL 33409 WEST PALM BEACH FL 33409 945348 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 65-1069880 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GOTTLIEB, STUART M Street Address (P.O. Box Number is Not Acceptable) 222 LAKEVIEW AVE SUITE 260 WEST PALM BEACH FL 33401 City 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) ... FILE NOW!!! FEE.IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE Delete TITLE ☐ Change ☐ Addition LAZOW, HAROLD NAME NAME STREET ADDRESS STREET ADDRESS 460 SOUTH ROSEMARY AVE., #188 CITY-ST-ZIF CITY-ST-ZIP **WEST PALM BEACH FL 33409** TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME LAZOW, MARTHA NAME STREET ADDRESS 460 SOUTH ROSEMARY AVE., #188 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **WEST PALM BEACH FL 33409** TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS C/TY-ST-Z/P CITY-ST-ZIP 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 required or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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

561-835-6992