

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2003 8:00 am**  
**Secretary of State**

03-07-2003 90063 019 \*\*\*150.00

**DOCUMENT # L30652**



1. Entity Name  
**GEMTCO, CORPORATION**

Principal Place of Business  
**8081 NW 67TH STREET  
MIAMI FL 33166  
US**

Mailing Address  
**11811 SW 99TH LANE  
MIAMI FL 33186  
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**10530 NW 26th STREET**

3. Mailing Address  
**11811 SW 99 LANE**

Suite, Apt. #, etc.  
**SUITE F-104**

Suite, Apt. #, etc.

City & State  
**MIAMI, FLORIDA**

City & State  
**MIAMI, FLORIDA**

4. FEI Number  
**65-0198732**

Applied For  
Not Applicable

Zip  
**33172**

Country  
**USA**

Zip  
**33186**

Country  
**USA**

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

**DANYS, JACOBI  
11811 SW 99TH LANE  
MIAMI FL 33186**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **DANYS JACOBI**

DATE  
**03/03/03**

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**  
**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>PT</b>	<input type="checkbox"/> Delete
NAME	<b>COHEN, MOISES</b>	
STREET ADDRESS	<b>13 CALLE 4-17 ZONA 1</b>	
CITY-ST-ZIP	<b>GUATEMALA, GUATEMALA</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>COHEN, ROBERTO</b>	
STREET ADDRESS	<b>13 CALLE 4-17 ZONA 1</b>	
CITY-ST-ZIP	<b>GUATEMALA, GUATEMALA</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>COHEN, EDUARDO</b>	
STREET ADDRESS	<b>13 CALLE 4-17 ZONA 1</b>	
CITY-ST-ZIP	<b>GUATEMALA, GUATEMALA</b>	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **ROBERTO COHEN**

DATE  
**03/03/03**

DAYTIME PHONE #  
**(305) 592-2114**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E034 (10/02)