2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State
03-10-2003 90734 006 ***150.00

DOCUMENT # P01000035295

1. Entity Name
GEM CONSULTANTS AND EVENTS, INC.

Principal Place of Business	Mailing Address
873 NE 195TH STREET STE 110	873 NE 195TH STREET STE 110
NORTH MIAMI BEACH FL 33179	NORTH MIAMI BEACH FL 33179

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
335 IVES DAIRY ROAD	335 Ives Dairy Rd
Suite, Apt. #, etc. UNIT #7	Suite, Apt. #, etc. UNIT #7
City & State MIAMI FL	City & State MIAMI, Fl
Zip 33179 Country USA	Zip 33179 Country USA

4. FEI Number 65-1098555 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ELMOWITZ-PEARL, DANA
873 NE 195TH STREET STE 110
NORTH MIAMI BEACH FL 33179

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

SIGNATURE ______________________________
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP ELMOWITZ-PEARL, DANA 873 NE 195TH STREET STE 110 NORTH MIAMI BEACH FL 33179	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS ELMOWITZ-PEARL, DAVID P 873 NE 195TH STREET STE 110 NORTH MIAMI BEACH FL 33179	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS PEARL, DAVID P.	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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: Dana Elmowitz-Pearl DANA ELMOWITZ-PEARL 3-4-03 305 906826
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)