

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90187 032 ***150.00

DOCUMENT # P96000061262

1. Entity Name
J.S.E. GEMS, INC.

Principal Place of Business 4401 EMERALD POINTE DR #107-B HOLLYWOOD FL 33021	Mailing Address 4401 SHERIDON STREET SUITE 214 HOLLYWOOD FL 33021-3513
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1109 EAST FLAGLER ST	3. Mailing Address 1109 EAST FLAGLER ST
Suite, Apt. #, etc. 1014	Suite, Apt. #, etc. 1042
City & State MIAMI FL	City & State MIAMI FL
Zip 33131	Country USA

4. FEI Number **65-0681468** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
ELLIOTT, JEFFREY S
3401 EMERALD POINTE DR #107-B
HOLLYWOOD FL 33021

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 *Jeffrey S. Elliott* (NOTE: Registered Agent signature required when reinstating) DATE

-9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

-10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE P	<input type="checkbox"/> Delete
NAME ELLIOTT, JEFF	
STREET ADDRESS 1015 POC ROYALE BLVD #1015	
CITY-ST-ZIP FT LAUDERDALE FL 33308	
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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JEFFREY S. ELLIOTT	
STREET ADDRESS 3101 POC ROYALE BLVD #1015	
CITY-ST-ZIP FT LAUDERDALE FL 33308	
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jeffrey S. Elliott* Date _____ Daytime Phone # _____

CR2E034 (9/99)