


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 17, 2003 8:00 am**  
**Secretary of State**

01-17-2003 90076 008 \*\*\*150.00

**DOCUMENT # P97000105896**

1. Entity Name  
**GEMSY SEWING MACHINES, INC.**



Principal Place of Business  
**7241 N.W. 54TH STREET  
MIAMI FL 33166**


Mailing Address  
**7241 N.W. 54TH STREET  
MIAMI FL 33166**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

Country

**00002070**



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0831417**  
Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**WANG, SHIJIA  
7241 NW 54TH ST  
MIAMI FL 33166**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>XIAO MING, RUAN</b>	
STREET ADDRESS	<b>7241 NW 54 ST</b>	
CITY-ST-ZIP	<b>MIAMI FL 33166</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WANG, TIAN YUN</b>	
STREET ADDRESS	<b>7241 NW 54 ST</b>	
CITY-ST-ZIP	<b>MIAMI FL 33166</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WANG, SHU MIN</b>	
STREET ADDRESS	<b>7241 NW 54 ST</b>	
CITY-ST-ZIP	<b>MIAMI FL 33166</b>	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P/D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WANG, SHIJIA</b>	
STREET ADDRESS	<b>7241 NW 54TH ST</b>	
CITY-ST-ZIP	<b>MIAMI FL 33166</b>	
TITLE	<b>M/D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>YAO, YONGQI</b>	
STREET ADDRESS	<b>7241 NW 54TH ST</b>	
CITY-ST-ZIP	<b>MIAMI FL 33166</b>	
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		

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: **WANG, SHIJIA** **REQUIRED** JAN. 15, 2003  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)