## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000022946 Aug 23, 2000 8:00 am Secretary of State GEM TECHNOLOGY, INC. 08-23-2000 90032 024 \*\*\*163.75 Principal Place of Business Mailing Address 3202 HENDERSON BLVD., STE. 202 3202 HENDERSON BLVD., STE. 202 **TAMPA FL 33609** TAMPA FL 33609 2. Principal Place of Business 3. Mailing Address 3703 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc City & State City & State Applied For 59 •3596a6 Not Applicable lampa ampo\$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent Fee Required 7. Name and Address of New Registered Agent ``MIGLIARA, JOLIE J G.G. P.O. Box Number is Not Acceptable 3202 HENDERSON BLVD., STE. 202 **TAMPA FL 33609** Zip Code **3360**9 am pa8. 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Mln. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. President. (P) TITLE TITLE ☐ Defete mialiara NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-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:

AHachment

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Gem Technology 3318 S. Westshore Tampa, Florida 33629

August 21,2000

Division of Corporations Uniform Business Report Filing—P.O. Box 1500 Tallahassee, Florida 32302-1500

## To Whom It May Concern:

This is my first year of incorporation, and I was not aware of the filing requirements for the Uniform Business Report. Moreover, I did not receive the first notice for filing, and I only became aware of the requirements for filling when I received the second notice.

I am requesting that you please accept the standard payment, which I have enclosed with the completed Uniform Business Report.

In order to ensure that I receive the first notice in the future, I am changing the mailing address to my home address.

Sincerely,

Jolie J. Migliara