

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
**873 NE 195TH STREET STE 110
NORTH MIAMI BEACH FL 33179**

Mailing Address
**873 NE 195TH STREET STE 110
NORTH MIAMI BEACH FL 33179**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

335 Ives Dairy Road

3. Mailing Address

335 Ives Dairy Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

UNIT #7

UNIT #7

City & State

City & State

MIAMI FL

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

TITLE **DP** ☐ Delete
NAME **ELMOWITZ-PEARL, DANA**
STREET ADDRESS **873 NE 195TH STREET STE 110**
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33179**

TITLE **DS** ☐ Delete
NAME **ELMOWITZ-PEARL, DAVID P**
STREET ADDRESS **873 NE 195TH STREET STE 110**
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33179**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DS** ☒ Change ☐ Addition
NAME **PEARL, DAVID P.**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

DANA ELMOWITZ-PEARL **DAVID P. PEARL** **3-4-03** **305 906826**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)