2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P01000035295 **DOCUMENT #**

1. Entity Name



FILED Mar 10, 2003 8:00 am & Secretary of State

03-10-2003 90734 006 ***150.00

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	GEM CONSULTANTS AND EVENTS, INC.							
SUMA ALL R PICT OF STATES DATES THE STATES OF	873 NE 195T	H STREET STE 110	873 NE 195TH STREET STE 110			e nne en	4 0.1 0 4104 4 00 1	
Suize, Api if, disc. UNITY UNITY UNITY UNITY UNITY UNITY 4. FEI Number 65-1098555 Apolled For Number 105-1098555 Apolled For Number 105-109855	2. Principal		3. Mailing Address	DAIDIA Od				
Applicable County	Suite, Ap	35 4 CO DITION 1401117		girey Ru	7	MAKING CHANGES		
S. Name and Address of Current Registered Agent. ELMOWITZ-PEARL, DANA 873 NS 1951H STREET SIE 110 NORTH MIAMI BEACH FL 33179 City City FL ZO Code 6. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Fiorida. I arm familiar with, and accept the originators of registered agent and the statement of the purpose of changing its registered diffice or registered agent, or both, in the State of Fiorida. I arm familiar with, and accept the originators of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee with the \$550.00 Make Check Payable to Fiorida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO CFFICERS AND DIRECTORS IN 11 ELMOWITZ-PEARL, DANA STRET ADDRESS OTY-51-2P INDE BUND DELMOWITZ-PEARL, DANA STRET ADDRESS OTY-51-2P INDE NORTH MIAMI BEACH FL 33179 Deade	l 'Min	ANI LL	City & State MI AMI C	·····	4. FEI Number 65-1098555			
ELMOWITZ-PEARL DANA 873 NE 1951h STREET STE 110 NORTH MAMI BEACH FL 33179 City FL Zip Code 8. The above named only submits this statement for the purpose of changing its registered office or registared agent, or both, in the State of Fiorida. I am familiar with, and accept the coll galains of registered agent. SIGNATURE Fill. ROW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 After May 1, 2003 Fee will be \$550.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO CFFICERS AND DIRECTORS 11. ITIE. ITIE. IDS ELMOWITZ-PEARL DANA STRET ADDRESS NORTH MAMI BEACH FL 33179 Detect ITIE. ON ST. 29 ELMOWITZ-PEARL DAVID P ELMOWITZ-PEARL DAVID P Detect STRET ADDRESS 373 NE 19STH STREET STE 110 ONGTH MAMI BEACH FL 33179 Detect ONST 2-2P TILE OR 11. ONGTH MAMI BEACH FL 33179 Detect ONGTH MAMI BEACH FL 33179 D	^{zip} 33	179 Country USA	331'19 U	untry SA-	5. Certificate of Status Desired	□ \$8.75 Addit	tional	
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Street Address (P.O. Box Number is Not Acceptable) City City FL Zip Code City City FL Zip Code Ci	ELMOWIT	Z-PEARL DANA		Ivame	Name			
City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. Signature File	, and the second			Street Address (P.O. Box Number is Not Acceptable)				
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 Fiorida. I am familiar with, and accept the obligations of registered agent. Signature Signature Signature boad or printed name of registered agent and lite # applicable. (NOTE Registered Agent segretare required when receiving) DATE	NORTH MIAMI BEACH FL 33179							
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature				City		Zip Code		
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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 attackment with an adaptes, with all other like empowered.

SIGNATURE:

DANA ELMOWITZ-RAPL