

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90950 040 \*\*\*150.00

**A3063974**

DO NOT WRITE IN THIS SPACE

**DOCUMENT #**  
 1. Entity Name **491191**  
**JAY-BEE GEMS, INC.**

**Principal Place of Business**  
 36 N.E. First Street  
 Suite #412  
 Miami, Florida 33132  
 U.S.

**Mailing Address**  
 36 N.E. First Street  
 Suite #412  
 Miami, Florida 33132  
 U.S.

**Principal Place of Business**  
 36 N.E. First street

**3. Mailing Address**  
 36 N.E. First Street

Suite, Apt. #, etc.  
 Suite #412

Suite, Apt. #, etc.  
 Suite #412

City & State  
 Miami, Florida

City & State  
 Miami, Florida

4. FEI Number  
 59-1654276

Applied For  
 Not Applicable

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

Zip **33132** Country **U.S.A.** Zip **33132** Country **U.S.A.**

**6. Name and Address of Current Registered Agent**

**HOLLANDER, GISELE**  
 16198 S.W. 6TH. STREET  
 PEMBROKE PINES, FLORIDA 33027

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

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 typed or printed name of registered agent and like if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
ST-ZIP	PD. HOLLANDER, DAVID 16198 S.W. 6th. STREET PEMBROKE PINES, FLORIDA 33027 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP	ST HOLLANDER, GISELE 16198 S.W. 6th. STREET PEMBROKE PINES, FLORIDA 33027 <input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP	D HOLLANDER, GISELE 16198 S.W. 6th. STREET PEMBROKE PINES, FLORIDA 33027 <input type="checkbox"/> Delete	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP	D HOLLANDER, GISELE 16198 S.W. 6th. STREET PEMBROKE PINES, FLORIDA 33027 <input type="checkbox"/> Delete	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 stated 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:** *Gisele Hollander Sec. Treas.* **4-28-00 305-358-9162**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #