2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003
Secretary of State

DOCUMENT# H59355

Entity Name: ALL GEMS, INC.

Current Principal Place of Business:

4919 SW 33 WAY
FORT LAUDERDALE, FL 33312

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 81-4507
HOLLYWOOD, FL 33081

New Mailing Address:

FEI Number: 59-2538045 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHWARTZ, EILEEN
4919 SW 33 W A-1
HOLLYWOOD, FL 33312

Name and Address of New Registered Agent:

SCHWARTZ, EILEEN
4919 SW 33 W AY
FORT LAUDERDALE, FL 33312

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: EILEEN SCHWARTZ 04/14/2003
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: STEIN, ALVIN,
Address: 3650 N 45TH AVE
City-St-Zip: HOLLYWOOD, FL

Title: V ( ) Delete
Name: SCHWARTZ, MICHAEL,
Address: 4919 SW 33 WY
City-St-Zip: HOLLYWOOD, FL 33312

Title: T ( ) Delete
Name: STEIN, LEONA,
Address: 3650 N 45TH AVE
City-St-Zip: HOLLYWOOD, FL

Title: S ( ) Delete
Name: SCHWARTZ, EILEEN,
Address: 4919 SW 33 WY
City-St-Zip: HOLLYWOOD, FL 33312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EILEEN SCHWARTZ S 04/14/2003
Electronic Signature of Signing Officer or Director — Date