

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H64247

1. Entity Name

GEM CREDIT CORPORATION

**FILED**  
**Mar 29, 2000 8:00 am**  
**Secretary of State**

03-29-2000 90055 018 \*\*\*150.00

Principal Place of Business

Mailing Address

% WATSCO, INC.  
2665 S BAYSHORE DR., #901  
COCONUT GROVE FL 33133

% WATSCO, INC.  
2665 S BAYSHORE DR., #901  
COCONUT GROVE FL 33133-5401

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2543414

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KENNETH A. PERKINS  
GEMAIRE DISTRIBUTORS, INC.  
2151 W. HILLSBORO BLVD #400  
DEERFIELD BEACH FL 33442

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☐ Delete  
NAME PERKINS, KEN  
STREET ADDRESS 2151 W. HILLSBORO BLVD #400  
CITY-ST-ZIP DEERFIELD BEACH FL

TITLE DVS ☐ Change ☒ Addition  
NAME Logan, Barry S.  
STREET ADDRESS 2665 S. Bayshore Dr., Suite 901  
CITY-ST-ZIP Coconut Grove, FL 33133

TITLE S ☒ Delete  
NAME LOGAN, BARRY  
STREET ADDRESS 2665 S BAYSHORE DR SUITE 901  
CITY-ST-ZIP COCONUT GROVE FL

TITLE DV Asst. S ☐ Change ☒ Addition  
NAME Menendez, Ana M.  
STREET ADDRESS 2665 S. Bayshore Dr., Suite 901  
CITY-ST-ZIP Coconut Grove, FL 33133

TITLE VPCO ☒ Delete  
NAME FUMAGALI, OSCAR J  
STREET ADDRESS 2151 W HILLSBORO BLVD #400  
CITY-ST-ZIP DEERFIELD BEACH FL

TITLE Asst. Treas ☐ Change ☒ Addition  
NAME Palmese, Daniel  
STREET ADDRESS 2665 S. Bayshore Dr., Suite 901  
CITY-ST-ZIP Coconut Grove

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V-T ☐ Change ☒ Addition  
NAME Fumagali, Oscar J.  
STREET ADDRESS 2151 W. Hillsboro Blvd #400  
CITY-ST-ZIP Deerfield Beach, FL 33442

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

*Daniel Palmese*  
Daniel Palmese  
Asst. Treasurer

03/29/00

(305) 714-4119

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)