

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000005559

1. Entity Name

GEMSTONE FINANCIAL SERVICES, LLC

FILED

Principal Place of Business

1715 EAST SUNRISE BLVD.
FORT LAUDERDALE FL 33304-3066

Mailing Address

1715 EAST SUNRISE BLVD.
FORT LAUDERDALE FL 33304-3066

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

216 EAST OAKLAND PARK
Suite, Apt. #, etc. BLVD

3. Mailing Address

216 E. OAKLAND PARK BLVD
Suite, Apt. #, etc.



REINSTATEMENT 2001

City & State

FORT LAUDERDALE FL

City & State

FORT LAUDERDALE FL

4. FEI Number

65-1043088

Applied For

Not Applicable

Zip

33334

Country

USA

Zip

33334

Country

USA

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

NAVARETTA, STEPHEN ESQUIRE
1100 SW ST. LUCIE WEST BLVD., SUITE 203
PORT ST. LUCIE FL 34986

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.

SIGNATURE

[Signature]

JOHN STEFFANATO

10-16-2001

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State
Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS

TITLE President
NAME JOHN STEFFANATO JR
STREET ADDRESS 216 E. OAKLAND PARK BLVD.
CITY-ST-ZIP FORT LAUDERDALE FL 33334

TITLE
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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

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CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

[Signature]

10-16-2001

954 568-2274

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (5/01)