

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91351 030 ***150.00

DOCUMENT # **35925** ✓

1. Entity Name

Gemstar Investments Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6601 SW 128 St

Suite, Apt. #, etc.

Miami, FL 33156

City & State

USA

Zip

Country

3. Mailing Address

6601 SW 128 St

Suite, Apt. #, etc.

Miami, FL

City & State

33156

USA

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0164377

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

George McArdle

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

6601 SW 128 St

City

Miami

FL

Zip Code **33156**

**DO NOT WRITE
IN THIS SPACE**

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

George McArdle

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

George McArdle

(NOTE: Registered Agent signature required when reinstating)

4/30/02

DATE

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President George McArdle 6601 SW 128 St Miami, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President Valerie McArdle 6601 SW 128 St Miami, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Valerie McArdle 6601 SW 128 St Miami, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer George McArdle 6601 SW 128 St Miami, FL 33156
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

George McArdle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

George McArdle

4/30/02

Date

(305) 663-5351

Daytime Phone #