

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2001 8:00 am**  
**Secretary of State**  
 03-05-2001 90324 049 \*\*\*150.00

**DOCUMENT # P00000059620**

1. Entity Name

**GEMS & GEMS, INC.**

Principal Place of Business

Mailing Address

C/O OXFORD JEWELRY  
 1187 OVIEDO MARKET PLACE  
 OVIEDO FL 32765

C/O OXFORD JEWELRY  
 1187 OVIEDO MARKET PLACE  
 OVIEDO FL 32765

**C0030116**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**1187 OVIEDO MARKET PLACE**

3. Mailing Address

**2179 NORTHLAKE PKWY**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**SUITE 5-21**

City & State

**OVIEDO, FLORIDA**

City & State

**TUCKER, GEORGIA**

4. FEI Number

**59-3662839**

Applied For

Not Applicable

Zip

**32765**

Country

**SEMONOLE COUNTY**

Zip

**30084**

Country

**DEKALB COUNTY**

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

**ALI, GULSAKKAR**  
**C/O OXFORD JEWELRY**  
**1187 OVIEDO MARKET PLACE**  
**OVIEDO FL 32765**

Name **ALI, AMIN C/O OXFORD JEWELRY**

Street Address (P.O. Box Number is Not Acceptable)  
**1187 OVIEDO MARKET PLACE**

City **OVIEDO**

**FL**

Zip Code **32765**

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 **Ali Amin** **PRESIDENT 3-1-01**

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, 2001 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ALI, GULSAKKAR</b>	
STREET ADDRESS	<b>1187 OVIEDO MARKET PLACE</b>	
CITY-ST-ZIP	<b>OVIEDO FL 32765</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ALI, AMIN A</b>	
STREET ADDRESS	<b>1187 OVIEDO MARKET PLACE</b>	
CITY-ST-ZIP	<b>OVIEDO FL 32765</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AMIN A. ALI</b>	
STREET ADDRESS	<b>1187 OVIEDO MKT PLACE</b>	
CITY-ST-ZIP	<b>OVIEDO, FL 32765</b>	
TITLE	<b>secretary</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GULSAKKAR ALI</b>	
STREET ADDRESS	<b>1187 OVIEDO MKT PLACE</b>	
CITY-ST-ZIP	<b>OVIEDO, FL 32765</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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:

**Ali Amin** **PRESIDENT 3-1-01**

Date

Daytime Phone #

**407-977-1130**

CR2E034 (10/00)