

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000115366

1. Entity Name

GEM FIRE SYSTEM, CORP.

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90118 005 ***150.00

Principal Place of Business

5860 NW 199 ST.
MIAMI FL 33015

Mailing Address

5860 NW 199 ST.
MIAMI FL 33015

2. Principal Place of Business

13260 SW 131st

Suite, Apt. #, etc.

116

City & State

Miami, FL

Zip

33196

Country

Dade

3. Mailing Address

13260 SW 131st

Suite, Apt. #, etc.

116

City & State

Miami, FL

Zip

33196

Country

Dade

4. FEI Number

65-1071436

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SOSA, LOYDA
5860 NW 199 ST.
MIAMI FL 33015

7. Name and Address of New Registered Agent

Name

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

City

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

4/27/01

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

TITLE PD
NAME SOSA, LOYDA
STREET ADDRESS 5860 NW 199 ST.
CITY- ST- ZIP MIAMI FL 33015 ☐ Delete

TITLE TD
NAME SOSA, RAFAEL
STREET ADDRESS 5860 NW 199 ST.
CITY- ST- ZIP MIAMI FL 33015 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

4/27/01

(305) 969-1463

CR2E034 (10/00)