

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

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91065 024 ***150.00

DOCUMENT # P010000062108

1. Entity Name

GEMSTAR USA, INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

375, S. WYMORE RD

Suite, Apt. #, etc.

#202

City & State

ALTAMONTE SPRINGS, FLORIDA

Zip

32714

Country

U.S.A

3. Mailing Address

375, S. WYMORE RD

Suite, Apt. #, etc.

#202

City & State

ALTAMONTE SPRINGS, FLORIDA

Zip

32714

Country

U.S.A

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4. FEI Number

59-3729962

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JIGNESH GANDHI

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

375, S. WYMORE RD, SUITE #202

City ALTAMONTE SPRINGS FL

Zip Code

32714

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution. ☐

\$5.00 May Be

Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PIT/SD
NAME GANDHI JIGNESH N
STREET ADDRESS 375, S. WYMORE RD, #202
CITY-ST-ZIP ALTAMONTE SPRINGS, FL-32714

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**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address with all other like empowered.

SIGNATURE:

Jignesh Gandhi

04/12/03

407-682-5838

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #