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FILED
Jun 11, 2002 8:00 am
Secretary of State

05-14-2002 90363 034 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000067676

1. Entity Name

GEMS Developers of Miami, Inc.

DO NOT WRITE IN THIS SPACE

92441

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
13255 SW 135 Avenue	13255 SW 135 Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami FL	City & State: Miami FL
Zip: 33186 Country: USA	Zip: 33186 Country: USA

4. FEI Number: 65-0476776 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Javier Siu

Street Address (P.O. Box Number is Not Acceptable): 13255 SW 135 Avenue

City: Miami FL Zip Code: 33186

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: _____ 6/4/02
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) ☒

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	PSD Siu Javier E 13255 SW 135 Avenue Miami FL 33186
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD Siu Giselle M 13255 SW 135 Avenue Miami FL 33186
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CR2E034B (12/01)

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: _____ 4/26/02 (305)254-4031
SIGNATURE AND TYPED OR PRINTED NAME OF MOMING OFFICER OR DIRECTOR Date Daytime Phone #