

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

03-25-2002 90088 049 ***150.00

DOCUMENT # P94000078005

1. Entity Name

GEM ENTERPRISES OF MIAMI, INC.

Principal Place of Business

8821 ANDORA DRIVE
 MIRAMAR FL 33025

Mailing Address

8821 ANDORA DRIVE
 MIRAMAR FL 33025

25582



2. Principal Place of Business

1843 SW 132 WAY
 Suite, Apt. #, etc.

3. Mailing Address

1843 SW 132 WAY
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

DAVE

City & State

DAVE

4. FEI Number

65-0653590

Applied For

Not Applicable

Zip

33325

Country

BROWARD

Zip

33325

Country

BROWARD

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TAYLOR, MICHAEL
 14837 N.W. 7TH AVENUE
 MIAMI FL 33168

7. Name and Address of New Registered Agent

Name
 URLINE L MCLAUGHLIN
 Street Address (P.O. Box Number is Not Acceptable)
 1843 SW 132 WAY
 DAVE
 City
 FL Zip Code
 33325

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

URLINE L MCLAUGHLIN

URLINE L MCLAUGHLIN

DATE

4/5/2002

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

(NOTE: Registered Agent signature required when reinstating)

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP | PD MCLAUGHLIN, URLINE 8821 ANDORA DRIVE MIRAMAR FL 33025 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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:

URLINE L MCLAUGHLIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/2/2002

Daytime Phone #

954-433-8114

CR2E034 (9/01)