


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2004 8:00 am
Secretary of State

03-10-2004 90015 049 ***150.00

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| DOCUMENT # P95000074731 | |  |
| 1. Entity Name UNIQUE GEMS INT'L CORP. | | |

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| Principal Place of Business 2601 S. BAYSHORE DR 19TH FLOOR MIAMI, FL 33133 US | Mailing Address 2601 S. BAYSHORE DR 19TH FLOOR MIAMI, FL 33133 US |
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54016552

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| 2. Principal Place of Business <u>2675 S. BAYSHORE DR</u> | 3. Mailing Address <u>2675 S. BAYSHORE DR</u> |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |



03082004 Chg-P CR2E034 (10/03)

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|----------------------------------|---------------------------------|
| City & State <u>MIAMI, FL</u> | City & State <u>MIAMI FL</u> |
| Zip <u>33133</u> | Country |

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| 4. FEI Number 65-0612701 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent FREEMAN, LEWIS 3250 MARY STREET SUITE 103 COCONUT GROVE, FL 33133 | 7. Name and Address of New Registered Agent Name <u>LEWIS FREEMAN</u> Street Address (P.O. Box Number is Not Acceptable) <u>2675 S. BAYSHORE DR 103</u> City <u>MIAMI</u> FL Zip Code <u>33133</u> |
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| 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 <u>Lewis Freeman Recm</u> | DATE |

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FREEMAN, LEWIS B 2675 S. BAYSHORE DR. MIAMI, FL 33133 <input type="checkbox"/> Delete | 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"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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 Block 11 if changed, or on an attachment with an address, with all other like empowered. | |
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| SIGNATURE: <u>Lewis B Freeman Recm</u> | Date <u>3/5/04</u> | Daytime Phone # <u>315-443-1620</u> |
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LEWIS B. FREEMAN, RECEIVED