

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

FILED
Jun 12, 2003 8:00 am
Secretary of State

05-20-2003 90067 032 ***158.75

DOCUMENT # P96000027159

1. Entity Name

Continental Gem Importers, Inc.

①



DO NOT WRITE IN THIS SPACE

55047866

2. Principal Place of Business

7300 Radice Ct.

Suite, Apt. #, etc.

#808

City & State

Lauderhill, FL

Zip

33319

Country

U.S.A.

3. Mailing Address

7300 Radice Ct.

Suite, Apt. #, etc.

#808

City & State

Lauderhill, FL

Zip

33319

Country

U.S.A.

4. FEI Number

65-0676155

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

Kerwin Duneier

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

7300 Radice Court - 808

City

Lauderhill,

FL

Zip Code
33319

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
NAME
STREET ADDRESS
CITY-ST-ZIP

President
Kerwin Duneier
7300 Radice Ct - #808
Lauderhill, FL 33319

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Kerwin Duneier

Kerwin Duneier, Pres. April 17, 2003

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)