

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90005 042 ***150.00

DOCUMENT # P97000098820

1. Entity Name

GEM'S SECRET GARDEN, INC.

Principal Place of Business

910 81ST ST
 4D
 BROOKLYN NY 11228

Mailing Address

910 81ST ST
 4D
 BROOKLYN NY 11228

A0068957



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8520 Ft Hamilton Pkwy
 Suite, Apt. #, etc.
 4H

3. Mailing Address

SAME
 Suite, Apt. #, etc.

City & State

Brooklyn NY

City & State

4. FEI Number

59-3485265

Applied For

Not Applicable

Zip

11209

Country

Kings

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BERGANZO, JOSE
 1225 NANCY AVE
 ALTAMONTE SPRINGS FL 32714

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 Jose Berganzo

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

(NO Registered Agent signature required when reinstating)

4-28-01

DATE

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, 2001 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	P	<input type="checkbox"/> Delete
NAME	NEWHEART, EMILY C	
STREET ADDRESS	910 81ST ST 4D	
CITY-ST-ZIP	BROOKLYN NY 11228	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BERGANZO, WENDY	
STREET ADDRESS	8520 FT HAMILTON PKWY 4H	
CITY-ST-ZIP	BROOKLYN NY 11209	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	ARCE, MARC	
STREET ADDRESS	325 MARINE AVE C10	
CITY-ST-ZIP	BROOKLYN NY 11209	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ARCE, MICHELLE	
STREET ADDRESS	910 81ST ST 4D	
CITY-ST-ZIP	BROOKLYN NY 11228	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Newheart, Emily Christine	
STREET ADDRESS	8520 Ft Hamilton Pkwy 4H	
CITY-ST-ZIP	Brooklyn NY 11209	
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Newheart, Emily Christine	
STREET ADDRESS	8520 Ft Hamilton Pkwy 4H	
CITY-ST-ZIP	BKlyn NY 11209	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Emily Christine Newheart

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/01

Date

718-492-3240

Daytime Phone #

CR2E034 (10/00)