

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Mar 05, 2001 8:00 am**  
**Secretary of State**

03-05-2001 90274 042 \*\*\*150.00

**DOCUMENT # P98000052513**

1. Entity Name

**JUSTINGEMS INC.**

Principal Place of Business <b>36 N.E. FIRST STREET MIAMI FL 33132 US</b>	Mailing Address <b>2451 BRICKELL AVENUE #9M MIAMI FL 33129 US</b>
--	--

2. Principal Place of Business <b>137 ARAGOU AVENUE</b> Suite, Apt. #, etc.	3. Mailing Address <b>500 BAYVIEW DRIVE</b> Suite, Apt. #, etc. <b>APT. # 1531</b>
---	---

City & State <b>CORAL GABLES, FL</b>	City & State <b>SUNNY ISLES BEACH</b>
Zip <b>33134</b>	Country <b>USA</b>
Zip <b>33160</b>	Country <b>USA</b>



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0846936</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent

**LIBERATORE, MICHAEL J  
801 BRICKELL AVENUE, 9TH FLOOR  
MIAMI FL 33131**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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, 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D PETROPOLOUS, JUSTIN 2451 BRICKELL AVENUE #9M MIAMI FL 33129</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PETROPOLOUS, COSTANTIN 2451 BRICKELL AVENUE #9M MIAMI FL 33129</b>	<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
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	<b>500 BAYVIEW DRIVE #1531 SUNNY ISLES BEACH, FL 33160</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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

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 titles empowered.

SIGNATURE: **COSTANTIN PETROPOULOS** **2/27/01** **(305) 945-6091**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)