

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90232 033 \*\*\*150.00

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**DOCUMENT # P98000052513**

1. Entity Name  
**JUSTINGEMS INC.**



Principal Place of Business

~~991 SHERIDAN ST~~  
~~HOLLYWOOD FL 33020~~  
**US**

Mailing Address

**500 BAYVIEW DRIVE**  
**APT. #1531**  
**SUNNY ISLES BEACH FL 33160**  
**US**

2. Principal Place of Business

**36 NE 1ST STREET**

3. Mailing Address

Suite, Apt. #, etc.  
**342**

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☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0846936**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** 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. 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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PETROPOLOUS, COSTANTIN</b>	
STREET ADDRESS	<b>500 BAYVIEW DRIVE #1531</b>	
CITY-ST-ZIP	<b>SUNNY ISLES BEACH FL 33160</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 changes empowered.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/01/03 (305) 374-3113  
Date Daytime Phone #

CR2E034 (10/02)