

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000036659

1. Entity Name

GEMETALS, CORP.

Principal Place of Business

400 N. STATE RD. 7, STE. 310  
MARGATE FL 33063

Mailing Address

400 N. STATE RD. 7, STE. 310  
MARGATE FL 33063

2. Principal Place of Business

2765 E. Oakland Pk. Blvd

Suite, Apt. #, etc.

101

3. Mailing Address

2755 E. OAKLAND PK BLVD

Suite, Apt. #, etc.

101

City & State

Ft. Lauderdale, FL

City & State

FT. LAUDERDALE, FL

Zip

33306

Country

USA

Zip

33306

Country

USA

4. FEI Number

65-0916768

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WILSON, ALICIA

400 N. STATE RD. 7, STE. 310  
MARGATE FL 33063

7. Name and Address of New Registered Agent

Name

LANE, PAUL

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

2755 E. OAKLAND PK. BLVD

# 101

City

FT. LAUDERDALE

FL

Zip Code

33306

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

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

PAUL LANE

(NOTE: Registered Agent signature required when reinstating)

7/10/00

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 \$550.00

After SEPTEMBER 13, 2000 Min. will be \$750.00  
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 PD  
NAME WILSON, ALICIA  
STREET ADDRESS 400 N. STATE RD. 7, STE. 310  
CITY-ST-ZIP MARGATE FL 33063

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PD  
SADRILWALLA, ABBAS  
2755 E. Oakland Pk. Blvd, # 101  
Ft. Lauderdale, FL 33306

☐ Change

☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

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NAME  
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CITY-ST-ZIP

☐ Change

☐ 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 like empowered.

SIGNATURE:

ABBAS A. SADRILWALLA 7/10/00 954-566-0004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)

P99000036659

~~XXXXXXXXXXXX~~

309155

**GEMETALS, CORP.**

2755 E. Oakland Park Blvd., Suite 101  
Ft. Lauderdale, FL 33306  
Tel. 954-566-0004 Fax 954-566-0992

July 10, 2000

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: 2000 Uniform Business Report:

To Whom It May Concern:

We did not receive the initial 2000 Uniform Business Report, and would have filed the report and paid timely, had we received it.

Attached are the signed report and our check for \$150.00.

Thank you for your cooperation.

*Abbas A. Sadriwalla*

Abbas A. Sadriwalla  
President